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**CHALLENGES FACING ORPHANS AND VULNERABLE CHILDREN IN
SOS HOMES. A CASE STUDY OF SOS CHILDREN'S VILLAGE,
KUMASI-GHANA.**

**THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENT FOR THE DEGREE OF MASTER OF PHILOSOPHY IN
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ABSTRACT

Parental deaths and illnesses are childhood traumatic events that are associated with several negative physical and psychosocial health problems. Out of the 140 million children classified as orphans, 15.1 million have lost both parents. Among the continents in the world, Africa is recognised as the largest continent with a higher proportion of vulnerable children. In Ghana, the number of vulnerable and orphaned children has grown as result of HIV and AID's and increasing rural urban migration. In Ghana, Boadu (2015) reports that, the increasing number of orphans have led to a corresponding increase in orphanages established to assist these vulnerable children. A study conducted in some Ghanaian orphanage homes found that in as much as the orphanage homes are doing their best to provide the necessary support to these children yet there are many basic amenities that are lacking. It is in this regard that this aims to empirically investigate the challenges facing orphans aged in Kumasi SOS village, Ghana.

The study was based on a qualitative research based on an exploratory research and case study approach. A purposive sampling technique was used to select the participants. An in-depth interview guide was used as the main instrument for primary data collection. The data collected was synthesized, integrated and harmonized comprehensively to allow for a clear outline of analysis and for ease of understanding based on Qualitative Content Analysis and aid of the NVivo software.

The children expressed that they were very happy in the Kumasi SOS Village. The source of happiness and satisfaction came from their access to education, the food, having a mother and siblings from the village/having a family. The study found out that one of the sources of sadness among the children relates to Physical and Verbal abuse- leading to insecurity. The study found that, most of the orphans see no partiality among them in the orphan homes.

The village has made great improvement in caring and nurturing orphans in the village. However, in their bid to achieve their goals, certain equally important aspects have been overlooked. These pertinent differences need to be recognized and appreciated. The study recommends that caring for the children implies that the village should also review their goals and approaches to accommodate the identified challenges.

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DEDICATION

This Dissertation is dedicated to the Children, Teachers and working staff of SOS Children's Village, Kumasi-Ghana.

ABBREVIATIONS AND ACRONYMS

AIDS:	Acquired Immunodeficiency Syndrome
CAR:	Central African Republic
CBO:	Community-Based Organisations
CRC:	Committee on the Rights of the Child
DRC:	DR Congo
DSW:	Department of Social Welfare
FSP:	Family Strengthening Programme
GAC:	Ghana AIDS Commission
HDI:	Human Development Index
HIV:	Human Immunodeficiency Virus
IRIN:	Integrated Regional Information Networks
MMYE:	Ministry of Manpower, Youth and Employment
MOWAC:	Ministry of Women and Children's Affairs
NGO:	Non-Governmental Organisation
OVC:	Orphans and Vulnerable Children
PLWHA:	People Living With HIV
PMTCT:	Prevention of Mother-To-Child Transmission
PTA:	Parent Teacher Association
QEN:	Quality Education Now
RCF:	Residential Care Facilities
SDG:	Sustainable Development Goal
SOS:	<i>SocietasSocialis</i>
SSA:	Sub-Saharan Africa
UN:	United Nations
UNAIDS:	United Nations Programme on HIV/AIDS
UNCRC:	The Convention on the Rights of the Child
UNDP:	United Nations Development Programme
UNICEF:	The United Nations Children's Fund
US PEPFAR:	United States President's Emergency Plan for AIDS Relief

WCA: West and Central Africa

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CHAPTER ONE

INTRODUCTION

1.1 Introduction and Background

Parental deaths and illnesses are childhood traumatic events that are associated with several negative physical and psychosocial health problems (Guterman, Cameron &Hahm, 2003). UNICEF in defining orphan as a child less than 18 years of age who has lost one or both parents to any cause of death reports that, there are nearly 140 million orphans globally in 2015. This figure includes 61 million in Asia, 52 million in Africa, 10 million in Latin America and the Caribbean, and 7.3 million in Eastern Europe and Central Asia. From these statistics, it can be deduced that, Asia and Africa have the majority of orphans in the World.

The figure represents children with both parents or only one parent dead. Out of the 140 million children classified as orphans, 15.1 million have lost both parents. This shows that majority of the orphans are living with a surviving parent or other family member. By considering the associated social and economic disadvantages associated with orphan, these statistics become a key developmental issue to look at. In addition, there are other larger group of children who are vulnerable as a result of poverty and other developmental challenges. The World Bank (2008) estimated that about ten percent of all children in the world live under vulnerable conditions. This translates into a substantial number of children.

Among the continents in the world, Africa is recognised as the largest continent with a higher proportion of vulnerable children (Sewpaul& Mathias, 2013; Heath, Donald, Theron and Lyon, 2014). According to Berry and Guthrie (2003) orphan and vulnerable children face problems such as hunger, physical and psychological abuse, lack of access to health and education, lack of love and affection and also negative attitude towards them from the society.

In Ghana, the number of vulnerable and orphaned children has grown as result of HIV and AID's and increasing rural urban migration (Bajaj 2008). Defining vulnerable children has become a very debatable topic in literature. According to Smart (2003) a conducted review in 2003 found a variety of terms used in different settings to describe vulnerable children. Some of the terms

include children affected by AIDS, children in distress, children in extremely difficult circumstances, children in need of special protection.

The World Bank (2004) in their report on; reaching Out to Africa's Orphans: A Framework for Public Action defined vulnerable children as those whose safety, well-being, and development are threatened as a result of some reasons. They indicate that, out of the numerous factors that cause children's vulnerabilities, the most significant are lack of care and affection, adequate shelter, education, nutrition, and psychological support. They add that, though children exposed to poverty and other aspects of deprivation are vulnerable but those who have lost their parents are more vulnerable due to their inability to emotionally and physically address the psychological trauma associate with such loss.

According to Skinner et al. (2006) orphans are mostly exposed to multiple vulnerabilities such as "HIV/AIDS and other illnesses, disability, poverty, limited access to services, physical, sexual and emotional abuse and neglect, violence and substance abuse within communities". Although vulnerability is known to have deleterious impacts on the lives of the children concerned, their impacts are at times reduced or mitigated by the provisions from NGOs, orphanage homes, SOS homes, etc.

In Ghana, Boadu (2015) reports that, the increasing number of orphans have led to a corresponding increase in orphanages established to assist these vulnerable children. However, UNICEF (2010) reports that, compared to the growing number of orphans and vulnerable children, the available orphanages or institutions are not sufficient to accommodate all. Kwakye (2012) adds that, some vulnerable children find themselves on the street. Kwakye continues to indicate that, children housed by some orphanage homes still live in conditions that increases their vulnerability.

A study conducted in some Ghanaian orphanage homes found that in as much as the orphanage homes are doing their best to provide the necessary support to these children yet there are many basic amenities that are lacking (Badu-Nyarko& Manful, 2014). Many studies have been conducted on the challenges facing the wellbeing of orphans (Govenderet *al.* 2012; Makame,

2002; Zhou, 2012). However, a handful of these studies have conducted empirical studies to examine the challenges facing these orphans in the foster homes in Ghana. It is in this regard that this aims to empirically investigate the challenges facing orphans aged 16-17 years old in Kumasi SOS village, Ghana.

1.2 Location of Ghana

Ghana is located in the western part of Africa. Ghana was formed after the merger of the Gold coast and Togoland territories. Ghana has a landmark of 239, 460 sq. km. The country as depicted by Figure 1.1 is surrounded by Burkina Faso in the north, to the south is the Gulf of Guinea, to the east is Togo and to the west is Ivory Coast. The economy of Ghana seems to be leading as compare to its neighbours and this attracts more transnational trade and other transactions from the neighbouring countries and other countries in the West Africa sub-region.

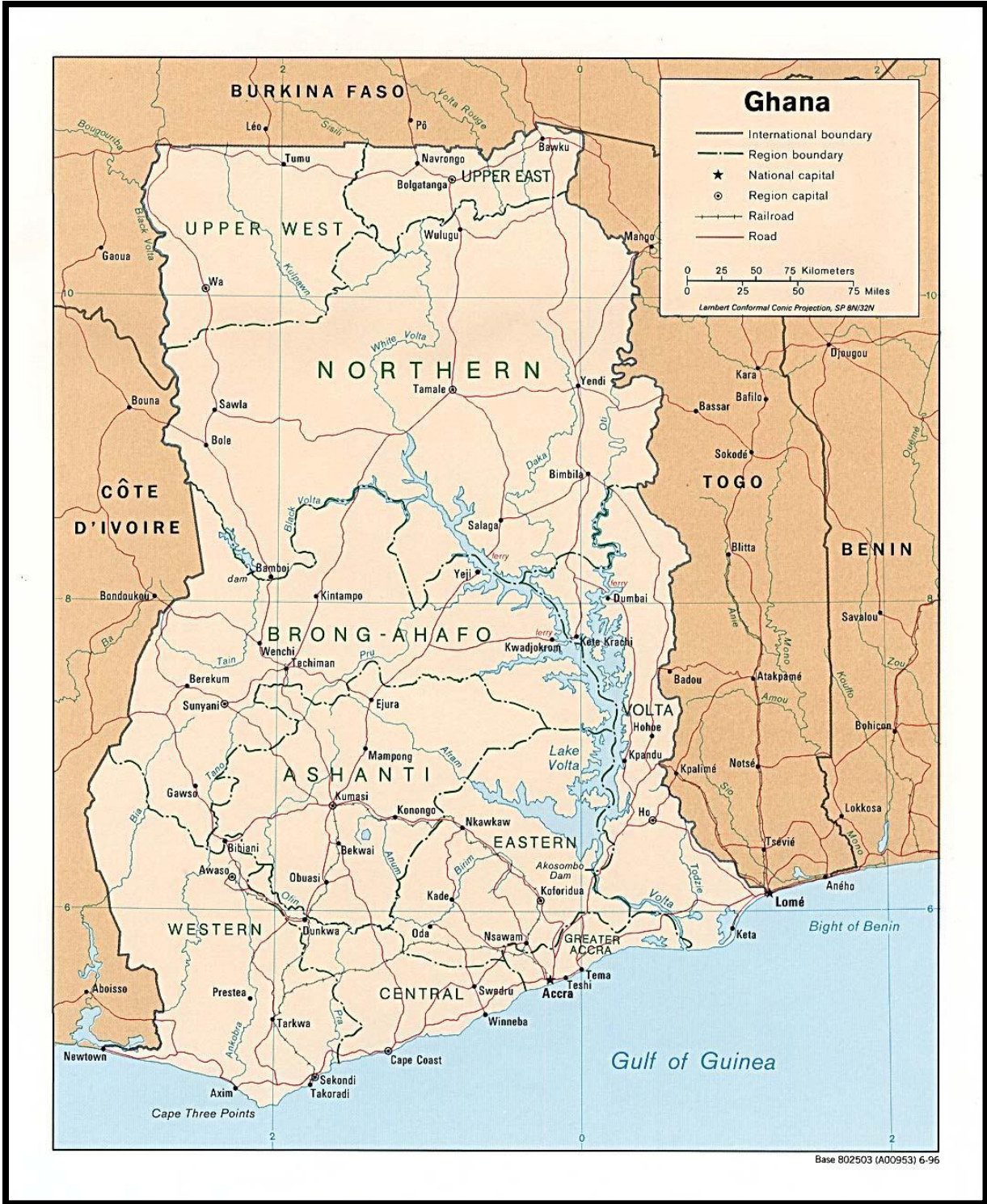


Figure 1. 1 Map of Ghana

Source: Ghana <http://www.justworldmap.com/Ghana-Map-2.html>)

The Ghana Poverty and Inequality Report indicate that, Ghana has steadily experienced increasing growth of over 7% per year on average since 2005 (Cooke et al. 2016). Inequality however has been increasing despite the growth. The report records that, poverty level fell by more than half from 56.5% in 1992 to 24.2% in 2013. However, the annual poverty level reduction rate slowed substantially from an average of 1.8 percent in 1990s to 1.1 percent since 2006. According to the report there are 3.65 million children living in poverty today which accounts for 28.3% of all children.

Cooke et al. (2016) estimates that, a child is almost 40% more likely to live in poverty than an adult and it shows a substantial increase from the 1990s when children were only 15% more likely to be poor than adults. In addition, one child in ten lives in extreme poverty, meaning 1.2 million children live in households that are unable to provide even adequate food. Cooke et al.(2016) indicates that, in a paper by the IMF on income inequality and fiscal policy, Ghana is reported to be having one of the fastest growing inequality levels in Africa.

1.3 OVC'S in Ghana

Doku (2012) states that, since 1957 when Ghana gained independence, there has been no working policy on care arrangement for orphans and vulnerable children. Goody (1966) indicates that, extended family or the next of kin took care and provided protection for children whose parents were not able to cater for them. Oppong(1973) also argued that certain customs like “adedie” which means inheritance made it possible for children from poor families to be fostered by kinsmen to receive proper upbringing, continue their education sometimes learn a trade. Oppong adds that, most of the times, orphans were catered for by childless members of the family (Oppong,1973).

Ansah-Koi (2006) also indicates that, under certain circumstances such as when children lose all their blood related families, the community members partake in taking care of these children. He stresses that, this practice is reflected by the common adage translated as “*it takes a village to raise a child*” used by most communities in Ghana. The advantage of this system for children was that they always had more than two adults whom they could depend on and who were concerned about their welfare.

In the contemporary Ghanaian situation, it has become very difficult for an orphan to get help from these sources stated above. Children sometimes have to survive on their own or turn to institutional care for support. Currently an abandoned child has to be sent to an orphanage especially when the kinsmen are unable to offer them help. UNDP reports on child welfare state that, some of the reasons why orphans are sent to the care homes include poverty, harmful traditional practices, and HIV/AIDS. In fact, poverty is the major factor that affects parents and extended families' ability to care for children (Laird, 2002). Laird adds that even at times, parents who are alive send their children to the orphanage home for support due to poverty. In support of this assertion, Save our Children Ghana (an NGO) reports that, about 90% of children in orphanage homes have their parents living (Doku, 2012).

1.4 Problem Statement

The enigma of being an orphan is quite exigent especially when the pressing needs are not met as expected (Baaroy & Webb, 2008). Voyk (2011) indicates that, previous studies have confirmed that, the supposition of orphans living comfortably is a mirage perhaps as they are facing certain challenges such as poor-quality accommodation, overcrowding, poor quality food and irregular in feeding practice, imbalance between staff and child ratio, lack of knowledge and skills among staff and poor quality of health services.

Integrated Regional Information Networks (IRIN) also adds that, only 30% of an orphanage's funds actually go to childcare in Ghana (IRIN, 2010). Colburn in addition states that, there are no set requirements for staff members even in orphanages in Ghana (Colburn, 2010). Voyk also expresses the stigmatisation associated to OVC under institutional care (Voyk, 2011). Considering the challenges of OVC as aforementioned; there is a need for empirical studies to further examine and formulate strategies that can be adopted to address those issues. There have been very little empirical studies on the problems of OVCs in Ghana as indicated by Voyk. This study therefore through a case study approach investigated the challenges facing OVC in Ghana.

1.5 Objective of the study

The main purpose or the overall objective of this study is to investigate the challenges facing vulnerable children in the SOS Villages and explore ways of mitigating these challenges to make their growth and development less stressful. The specific objectives of the study are as outlined below:

Specific objectives

- a. To explore the experiences of children living in orphanages in Ghana.
- b. To study the behavioural and emotional problems among children living in orphanages in Ghana.
- c. To study the role of gender in the behavioural and emotional difficulties faced by children living in orphanages in Ghana.
- d. To explore available strategies to mitigate challenges faced by vulnerable children in the orphanages.

1.6 Research question

- a. What are the immediate social and psychological needs of the children in the orphanage homes?
- b. What are the environmental problems facing children in orphanage homes?
- c. Does gender moderate the behavioural and emotional difficulties of children in orphanage homes?
- d. What are the available interventions that can be used to support orphans to realise their personal dreams?

1.7 Scope of the Study

Contextually, the study qualitatively examines the challenges facing OVC in the orphanage care homes. It also considers the effect of gender on the challenges facing OVC in the orphanage homes. The geographical scope of the study is limited to Kumasi SOS Village in the Asokore Mampong Municipal Assembly. In all there are four SOS villages in Ghana but the study will concentrate on only Kumasi SOS village.

1.8 Justification and Relevance

The study intends to contribute to the literature on OVC by providing an empirical and deeper understanding of the factors affecting OVC under institutional care. Hence, it aims to add to the growing number of literature that offers explanations on how to effectively address the challenges affecting OVC in growing economies. The adoption of the findings and, more importantly, the recommendations by responsible authorities will help improve the lives of vulnerable children.

The recommendations can also be considered in the planning and implementation of plans to improve the lives of vulnerable children in other parts of the country. Moreover, the findings of this study will provide important direction for conducting further research in the areas of psychological wellbeing and mental health of children living in orphanages. Lastly, the research is in line with the current development agenda of the country and will therefore help Ghana in attaining global development goals for example, the UN Sustainable Development Goal. According to UNICEF briefing notes on SDG global indicators related to children, they indicate that all the 17 goals have some component directed at improving the lives of orphan and vulnerable children (UNICEF, 2018).

1.9 Thesis Outline

The report is structured in five chapters. Chapter I introduces the problem and its context by giving an overview of the issue under study. The scope of the study as well as the research significance is presented in this chapter. Chapter II reviews the theoretical arguments on the main topic which is Orphan and Vulnerable Children. It examines various writings on the concept of OVC, their challenges and the role gender plays on the challenges faced by OVC in orphanages. Chapter III presents the procedures and methods used to conduct the study. It indicates how data would be collected, the sources of information and how the collected data would be analyzed and presented. Chapter IV presents analysis and exploration of the challenges of OVC's in Ghana. Lastly, the chapter V discusses the findings, conclusion and recommendation of the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents previous existing literature and examines the challenges of orphans in the care homes. In order to situate this study within the wider context of what is known and unknown about the focus of the study, a literature review was conducted. The chapter lays down contextual knowledge to assist in a better understanding of what is going to be examined and reported in the study. In accordance with the aims and objectives of the study, the chapter provides a theoretical review, research gap, and empirical review. The chapter addresses issues such as; The definition and the discourse on a Child, The definition and discourse on Orphan and Vulnerable Children (OVC), Orphans and Children in Orphanages, OVC in the context of the West and Central Africa (WCA), History of Orphanage Centers, and Child/orphan welfare in Ghana, among many others. The theories guiding the study are Psychodynamic Theory and Attachment Theory. They are elaborated on at the latter part of this chapter.

2.1 The definition and the discourse on a Child

According to Skinner et al. 2004, a child is generally defined by age and the most agreed age is 18 years and below though it can go as high as 21. Smart (2003) also indicates that, in most international and national instruments, children are defined as boys and girls up to the age of 18 years. The African Charter on the Rights and Welfare of the Child also describes a child as every human being below the age of 18 years (Bash, 2015). According to UNICEF (1992), The Convention on the Rights Of The Child (UNCRC 1989) defines a child as a person who is below the age of 18, except that the laws of the country under consideration, sets the legal age for adulthood younger.

It, therefore, comes as no surprise that Ghana also defines a child as a person below the age of 18 years according to the Children's Act, 1998 (Bash, 2015). Nonetheless, Smart (2003) indicates that the age of 18 years relates primarily to the generally accepted age of majority, though in all countries there are legal exceptions. For example, the age at which a child may be married, make a will, or consent to medical treatment. Giving more specific examples:

- In South Africa, a child may consent to medical treatment, such as an HIV test, without parental consent from the age of 14 years.
- In Sri Lanka, Sri Lankan Kandyan and Muslim laws regulate the minimum age for marriage. Girls as young as 12 years may be married with parental consent.
- In Ethiopia, a minor may make a will alone when he attains the age of 15 years

The UNCRC, however, entreats all countries to reconsider the age of majority if it is set below 18, and to increase the level of protection for all children under 18. In addition to their definition, the same convention advocates for, all children, irrespective of their race, religion or abilities or where they live, the language they speak, their gender and the social class they belong to- no child should be treated unfairly on any basis. They emphasize that the interest of a child should be the utmost concern in any decision making the process that affects them. Hence, parents and caretakers are encouraged to consider the how such decisions will affect children. Not only are parents and guidance encouraged to do so, Governments are also to play a lead role to ensure that children survive and develop healthily.

Agreeing with Bisht (2008) the UNCRC was the convention that put the discourse on children into the spotlight. The child was considered as an object, to be protected and provided for. Inferring from the work of Hood-Williams (1990) the child was seen as a subordinate within the adult-child relations. Given these, the convention paved way for the child to be considered as a subject, an actor, and a citizen.

2.2 The definition and discourse on Orphan and Vulnerable Children (OVC)

The definition of an orphan varies among international agencies and countries. This can mainly be attributed to the fact that, the care and protection of orphans are a priority for many international agencies who seek to improve child well-being across the world. It is worth stating that, the aims and goals of these agencies shape their definitions, and strategies that guide their plans, and are adopted by nations to address child vulnerability (Crivello and Chuta, 2012). Given the attraction that the term orphanhood gets, arguably suggests that it is a major factor that affects child vulnerability in Africa and around the rest of the world. Crivello and Chuta (2012), implies that the concept of OVC brings to bear the tension that exists between targeting specific groups of children for support (example orphans) and developing strategies for addressing child vulnerability more in general. They further state that an orphan has come to represent child

vulnerability in sub-Saharan Africa. This as a result of the AIDS-related deaths in the region that drew the international interest about the fate of the children who would become orphans and the burden that they may have to endure as they grow up. This section is dedicated to exploring in-depth the definitions and the discourse on OVC in the world.

OVC became prominent during the HIV/AIDS epidemic, arising from the devastating impact of the epidemic on the development of thousands or perhaps than could be accounted for, across the globe. OVC was developed to serve as a catalyst to articulate this dimension which was long neglected at both national and international levels.

As stated earlier, there are a number of definition for OVC, varying from an institution to institution, to reflect different concepts. Such definitions, not limited to these, are: “Orphans and other vulnerable children”, “Orphans and children made vulnerable by HIV/AIDS”, “Children affected by HIV/AIDS” (Crivello and Chuta, 2012). The aforementioned are some of the most popular terms used, however, the term “children affected by HIV/AIDS” is gaining more prominence. The use of these terms and their definitions are, to a large extent, influenced by their relevance to the issue at hand as well as the contexts, and the targeted group. The allocation and financial resource mobilization are also key determinants. The differences in meaning and sharp distinctions, at most times, lead to tensions between advocators for developing programmes for the most vulnerable and those who advocate for programmes to achieve their defined goals at the global level. Boler and Carroll (2003), states that the differences in the definition of OVC have been challenging since both the term and its boundaries are loosely defined.

However, giving these obstacles in the definition, there are a lot of advantages in the contrast. As explained by the Open Society Initiative for Southern Africa Foundation (2012), children have different types of vulnerabilities, experienced life challenges in relation to their welfare in equally diverse ways. Hence, these differences in definition and categorization of vulnerable children are needed to identify and aid track these children and gain a deeper understanding of how their vulnerability arises and could be remedied in the long run. Some authors stipulatethat it is important to maintain some definition of children who are affected by HIV/AIDS, whilst recognition is given to the fact that, children experience a multi-faceted impact of the epidemic.

Skinner et al. (2006) indicated that, previously, children targeted for support were clustered under the broad umbrella of OVC. This system of grouping did not capture the additional

impacts of HIV/AIDS that made most children vulnerable in general. Care is therefore needed that the term OVC is not loosely used, in order not to obscure the distinct needs of actual children and can subsequently lead to poorly designed, poorly targeted and poorly understood interventions targeted at addressing the different areas that children in need of assistance experience (Open Society Initiative for Southern Africa 2012).

Vulnerable Children according to Schenk (2008), is a very complex concept to define and has therefore resulted in the various definitions attributed to it. Skinner et al (2004), adds that, while the term vulnerable child is used as a theoretical construct, it is very difficult to comprehend when its practicality is considered. Smart (2003) indicates that the vagueness of the term vulnerable children is highlighted by the different terminologies used in different settings to describe children who are vulnerable, for example, children in need of special protection, children affected by AIDS, children in distress etc. World Bank's "Orphans and vulnerable children (OVC)" toolkit defines vulnerable children as "the group of children that experience negative outcomes, such as the loss of their education, morbidity, and malnutrition, at higher rates than do their peers". The toolkit outlines 6 main categories of vulnerable children including:

1. Street children,
2. Children in the worst forms of child labour,
3. Children affected by armed conflict,
4. Children affected by HIV/AIDS,
5. Children living with a disability, and
6. Local OVC groups.

Though vulnerable children are divided into the six categories however some fall into multiple categories. The World Vision also define vulnerable children as "the children who live in a household in which one person or more is ill, dying or deceased; children who live in households that receive orphans; children whose caregivers are too ill to continue to look after them; and children living with very old and frail caregivers" (Arora et al., 2015). Skinner *et al.* (2004) defined vulnerable children as "the ones not having certain of their basic rights fulfilled". The definitions according to Arora et al. (2015) are centered on three basic aspects of dependence:

1. *Material aspects* — money, food, clothing, shelter, health care and education;

2. *Emotional aspects* — care, love, support, space to grieve and containment of the];
3. *Social aspects* — absence of a supportive peer group, of role models to follow, or of guidance in difficult situations, and risks in the immediate environment.

The World Bank in their report, reaching out to Africa's Orphans: A framework for public action, indicate that children who have lost their parents are more vulnerable since they do not have the emotional and physical maturity to bear the psychological trauma associated with the loss. Smart (2003) however states that there are evidence such as studies undertaken by Ainsworth and Filmer, Huber and Gould that challenges the assertion that, orphans are the most vulnerable. Their studies with non-enrolment and nonattendance at school used as proxies for vulnerability found that, in many countries, poor children (rather than orphans) were most likely not to be enrolled or to be out of school.

Vulnerability is not an absolute state since it depends on the situation hence there are degrees or levels (Skinner et al. 2004). There are a lot of factors that contribute to vulnerability and each can add up to the cumulative load carried by a child. The World Bank (2004) also adds that the degree of children's vulnerability is shaped by the exposed risk and stress characteristics i.e., magnitude, frequency, duration, and history) hence varies between countries and time. World Bank's downward spiral of childhood vulnerability as shown by Figure 2.1 depicts that, with each shock, the child goes down further reaching a new level of vulnerability, and with each level, he/she is exposed to a host of new risks. It also emphasizes the fact that the earlier (higher up in the spiral) the intervention is made, the more cost-effective it is likely to be.

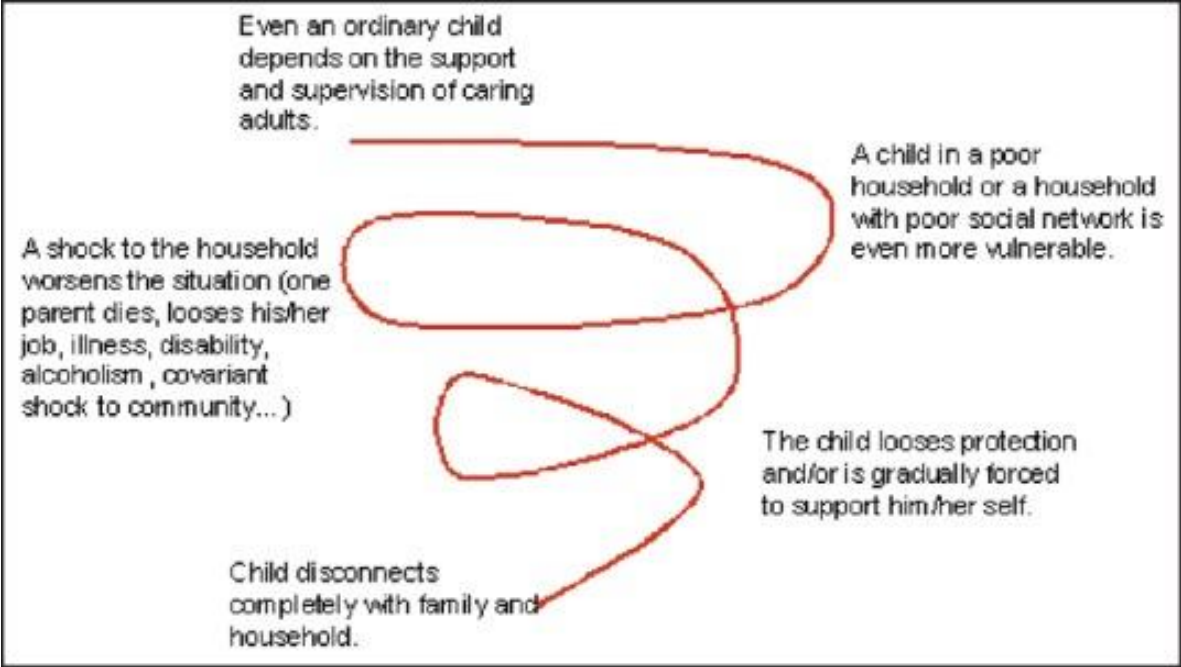


Figure 2. 1 World Bank's downward spiral of childhood vulnerability

Source: World Bank: OVC Core Definitions

Heitzmann, Canagarajah, and Siegel (2002) also present categories of risk that can increase the degree of children vulnerability. The type of risk influences the degree of vulnerability. For instance, from table 2.2, it can be deduced that a family breakup will certainly not induce the same type of vulnerabilities in children as a flood, or an outbreak of an epidemic.

Table 2. 1 Risk to Children by Category

Category	Examples
Natural	Heavy rainfall, droughts, strong, earthquakes
Health	Illness, injury, accidents, disability, epidemics
Life Cycle	Birth, maternity, old age, family breakup, orphanhood
Social	Crime, domestic violence, terrorism, gangs, wars
Economic	Unemployment, harvest failure, business failure, resettlement
Political	Discrimination, riots, political unrest, coup d'état
Environmental	Pollution, deforestation, land degradation, nuclear disaster

Source: Heitzmann, Canagarajah, and Siegel (2002)

An orphan is defined as a child that has lost one or both parents (Törrönen, 2006). Törrönen (2006) further states that the loss of one parent classifies a child as a single orphan and the loss of the two parents as a double orphan. The generally accepted definition of an Orphan is a child who has lost both parents through death (Skinner et al., 2004). Skinner et al. add that, loss of parents can also be as a result of desertion, inability or unwillingness to care for their child. Smart (2003) indicates that, understanding of orphan differs from country to country as depicted by Table 2.1, however, the main variables are Age (children up to 15 or up to 18 years) and Parental loss (mother, father, or both parents dead).

Table 2. 2 Country's Definition of Orphan

Country	Definition
Namibia	A child under the age of 18 who have lost a mother, a father, or both – or a primary caregiver – due to death, or a child who is in need of care.
Ethiopia	A child less than 18 years of age who has lost both parents, regardless of how they died.
Botswana	A child below 18 years who has lost one (single parents) or two (married couples) biological or adoptive parents.
Uganda	A child below the age of 18 years who has lost one or both parents. ⁸
Rwanda	A child who has lost one or both parents.

Source: Smart 2003.

UNICEF and their global partners also define an orphan as a child less than 18 years of age whose mother; father or both parents have died from any cause of death” UNICEF (2004). The definition was adopted when the AIDS pandemic led to the death of millions of parents worldwide in the mid-1990 (UNICEF 2004). As reported by Doku (2012), several layers and classification systems have been identified in an attempt to understand the situation of orphans. According to Nyambedha et al. (2003), these classifications mostly depends on the nature of those who care for them, for instance, extended families, foster parents, child-headed households and institutional care. Hunter (1991) as stated in Doku (2012) also indicates that, the classification is at times based on the number or kind of parent lost. For instance, UNICEF (2004) attribute single orphan to those who have lost only one parent and double orphan are those with lost two parents.

UNICEF reports that the estimated number of total orphans increased from 1990-2001 and reached its peak at 155.4 million. However, since 2001, the estimated number of total orphans has declined consistently but on a very slow rate of 0.7% per year as depicted in table 2.2.

Table 2. 3 Number of Orphans from 1990 to 2010

Year	Number of Orphans (Millions)
1990	146
1995	151
2000	155
2005	153
2010	146
2015	140

Source: UNICEF, 2018.

According to Bajaj (2008), sub-Saharan Africa has the highest proportion of children who are orphaned with more than one in every seven children. In 2005, more than 46 million children were orphaned in Africa (Garcia, Pence and Evans, 2008).

The recognition of the increasing number of orphans as a result of the AIDS epidemic and associated issues such as the lack of adequate caring mechanism and supporting service structures, poverty and other developmental challenges led to the coining of the term “orphans and vulnerable children” (OVC) to aid program targeting (Schenk 2008). According to Skinner et al. (2004), the term was introduced due to the limited usefulness of the tight definition of the construct of orphanhood in the scenario of HIV/AIDS. Schenk et al. (2008) indicate that OVC does not only include children who are orphans as a result of parental death but it also caters for children considered vulnerable as a result illness of a parent and other negative household situations. Richter et al also add that the term OVC was adopted to avoid the stigmatization attached to the word orphans and also ensure other in need children are included in developmental provisions (Richter, Foster, & Sherr, 2006).

Hence, this study defines a vulnerable child as someone who has little or no access to basic needs and enjoyment of his/her rights. He/she may have a parent(s), but might be compromised in other ways and or may not have parents. The study also defines an orphan as a child who has lost either one or both of their parents.

2.3 Orphans and Children in Orphanages

All around the world, it is estimated that about 153 million children have either lost a parent and 17.8 million of these children have lost both parents (Kelley et al., 2003). UNICEF (2012) extrapolates that about 2.2 million children live in orphanages across the globe – made of all types of residential care. Given that this study is undertaken within 2017/2018 implies that this figure may not reflect the current situation. It, however, offers an insight to the total number of homes that have been dedicated to helping orphans. Kelley et al. (2003) state that in Rwanda alone, 28 orphanages were found to have about 566 children in care. They further indicate that this figure keeps on rising in not just Rwanda but across the world. This has increased the contradictions among many global and government policies that are interested in reducing orphanage care.

Within the five-year period (2005 to 2010), there was a 75% increase in the number of orphanages accommodating over 11, 945 children in Cambodia (Ministry of Social Affairs, Veterans and Youth Rehabilitation, 2011). In sub-Saharan Africa, there has been a significant increase in the number of orphanages and children in these homes. Uganda saw a rise from 30 homes in 1992 to 800 in 2013 (Uganda's Official Alternative Care Framework 2013). 4-Manso (2013) reports that in Ghana, the orphanages have increased from 99 to 114 since 2006 and there has been an increase in the number of children from 3,388 in 2006 to 4, 432 in 2012. These numbers are not made up of only double orphans. Bilson & Cox (2007) identified in his research that between 50-90% of the orphans have at least one of their parents alive. The situation in Eastern Europe and Central Asia is telling a different story. A study conducted by The University of Nottingham in 2012 revealed that about 95-98% of children below three years in the formal care were not orphans but given that their parents, who due to one reason or the other, cannot take care of them, saw their faith take them to the orphanages. Zooming in into Ghana, a study showed that, approximately 90% of the children in orphanages had families that could cater for the children if they had some support (Frimpong-Manso, 2013). Hence, these children do not end up in orphanages because they lost a parent or both of their parents, but there may be other reasons that lead them to these homes. A subsequent section will be dedicated to a detailed understanding to some of the major causes of vulnerable children.

2.4 OVC in the context of the West and Central Africa (WCA)

The WCA context will be discussed based on the poverty, poor performance in education, health and nutrition, conflict and post-conflict situations affecting different countries in the region and very weak systems. These, listed above, are the direct and indirect causes of OVC in Sub-Saharan Africa (SSA). All of the information (including facts and figures) used in this section makes use of an earlier research conducted by UNICEF in 2008 titled *OVC PROGRAMMING (Orphans and other Vulnerable Children) including CHILDREN AFFECTED BY HIV AND AIDS IN WEST AND CENTRAL AFRICA* pg 10-15.

The table below shows a statistic data on only orphans and it reveals the total number of orphans in WCA. It also shows the number of children whose families have received external support between 2004 and 2006.

Table 2. 4 Total number of known orphans as at 2006 in WCA

Orphans	Total number of Orphans (0-17)*	% of children whose families have received external support (2004-2006*)***
Benin	370,000	-
Burkina Faso	710,000	7.0
Cameroon	1,000 000	9.3
Cape Verde	-	-
Central African Republic	330,000	7.4
Chad	600,000	-
Congo	270,000	2.0
The Democratic Republic of the Congo	4, 200 000	9.2
Côte d'Ivoire	1,400 000	9.3
Equatorial Guinea	29,000	-
Gabon	65,000	-
Gambia	64,000	-
Ghana	1,000 000	-
Guinea	370,000	-
Guinea Bissau	100,000	7.5
Liberia	250,000	-
Mali	710,000	-
Mauritania	170,000	-
Niger	800,000	-
Nigeria	8,600 000	-
Sao Tome and Principe	-	4.3

Senegal	560,000	–
Sierra Leone	340,000	1.3
Togo	280,000	6.0
Total	22, 218, 000	

Source: Author's construct based on (UNICEF, 2008)

In 2006, WCA had approximately 22 million orphans in the region. Included in the total number are also children who are affected by the impact of HIV/AIDS. Majority of these orphans benefitted from some external support in some countries. However, this support was very little. The region also has one of the lowest enrolment, attendance and success rates in Education. These are also more afflicted by huge gender disparities and are the highest in the world.

The WCA region also has most of its countries ranking very low on the Human Development Index (HDI). This is true for indicators relating to children. 13 out of the 22 countries ranked low by UNDP are from the region. These countries are Mali, Senegal, Guinea, Cote d'Ivoire, DR Congo (DRC), Chad, Central African Republic (CAR), Nigeria, Niger, Guinea-Bissau, and Sierra-Leone. From these 13 countries, a majority are also in conflict or post-conflict situations. Additionally, countries like- DRC, CAR, and Chad- are in recurring conflict situations, whilst countries like Liberia and Sierra-Leone are at diverse stages in post-conflict situations. Guinea, Guinea-Bissau, and Togo are countries that are in political instability and have the potential to escalate into crisis. Burkina-Faso, Ghana, and Benin, which are countries with little or no conflicts, serves as host of the refugees from the other countries in crisis.

Food security is also a challenge for most of the countries within WCA. Countries like Guinea-Bissau, Mali, Niger, Chad, Senegal, and Sierra-Leone have well above a 30% rate for malnutrition. In 2008, studies in West Africa revealed that food insecurity forced families to consume less food, withdraw children from schools and intensified rural-urban migration. It was also known to account for a large number of street children and street hawking by children in the region.

Majority of the countries under WCA have their populace living below the poverty line, that is, they survive on less than a dollar a day. More specifically, as of 2008, about 38% in Côte d'Ivoire, 40-50% in Cameroon, Burkina-Faso, Guinea, Ghana, and Mali. There is over 55% living below under the poverty threshold in The Gambia and even more (71%) in the Democratic Republic of the Congo. These poverty rates give an indication of how vulnerable children are, let

alone include or consider OVC. Given the context of WCA, it is obvious that the majority of the populace is living in dangerous conditions and survives on very little. Therefore, OVC children in WCA need more assistance and protection from social services and international bodies have their welfare at heart.

2.4.1 Who are the OVC in the context of WCA and the causes

According to UNICEF (2008), in the West and Central Africa, children under OVC are grouped into eight (8) - these are:

- **Children affected by HIV/AIDS**

These are children identified with Prevention of Mother-To-Child Transmission (PMTCT) with HIV, and Associations of People Living with HIV (PLWHA). A lot of factors have been documented to be the causes of OVC, but the most common and widely accepted cause is poverty and the HIV/AIDS epidemic. The United Nations Children's Fund (UNICEF), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United States President's Emergency Plan for AIDS Relief (US PEPFAR, 2006) indicates that sub-Saharan Africa has the highest number of orphans in the world, with an estimate of 48.3 million from all causes of death at the end of the year 2009. It is further reported that about 12% (12 million) of all orphans in sub-Saharan Africa are due to AIDS (UNICEF, UNAIDS & US PEPFAR 2006), identifying AIDS as the leading cause of orphan-hood in sub-Saharan Africa. Muhwava & Nyirenda (2008) add that, among the documented causes of OVC, HIV/AIDS is the seen as the largest contributor.

- **Child Labour**

According to UNICEF (2008), the percentage of children at work in WCA is about 42% and child labor rates go as high as 50% in countries such as CAR, Chad, Burkina-Faso, and Sierra-Leone. The most and populous cause of Child labor is poverty. However, areas of a strong tradition of immigration, family disruption/divorce, the death of parents, lack of support from extended family members for children and the need for children to support the livelihood, are also equally strong factors promoting child labour. In other situations, poverty has been classified as one of the major causes of OVC. Due to the prevalence of abject poverty, some parents tend to abandon their children to shelve responsibility. UNICEF (2000) indicates that

children are often the hardest to be hit by poverty. According to Singh (2008), poverty causes the poor to have lower life expectancy due to malnutrition, AIDS, violence and disease hence contribute immensely to orphanhood and vulnerable children. Orphans and vulnerable children in order to survive, are mostly forced into a life of servitude or prostitution and the cycle of poverty begins again (Oyedele et al., 2016). Ahmad (2018) also indicates that, especially in Africa, the cause of poverty that culminates in orphanhood has been linked to corruption. He adds that due to corruption an opportunity due to the poor tend to be restricted and utilized by only the elite and the connected. The least needs of basic life are hoarded and restricted to the majority of the populace who are less privileged. Ahmad (2018) indicates that corruption might have found itself in most of the jurisdictions in the world; however, Africa seems to be the most part of the world that's ridden with the canker of corruption.

- **Domestic workers**

These are children who are engaged in street vending but are disguised as prostitution, better known as child prostitution. This also a known contributor to HIV prevalence rate in the region. These children or girls have little information and are a vulnerable group exposed to sex at early ages and sometimes are raped.

- **Street vendors**

In Benin, Togo and Burkina Faso among the rest, the street vendors include young females who are aged less than 18 years. They are very susceptible to HIV infection. A study conducted in Nigeria among 126 female street vendors showed that 79.4% were sexually active while a small number (7.1%) used condoms (Oyefara, 2005).

- **Children victims of trafficking**

Child victims of trafficking are a major concern that affects several countries in the region. It is also known to cause child labor. These are children who are at risk of HIV/AIDS, rape, living on streets and engaging in all kinds of social vices.

- **Street Children**

These vulnerable children are engaged in activities such as head porters, car washers and vendors on the street. Death of parents, poverty, and high school fees in some countries are some of the major causes of Street Children. These are mostly dominated by young males compared to their female counterparts.

- **Children involved in prostitution**

Countries such as Ghana, Togo, Burkina Faso, Mali, and DRC have reports suggesting an increase in a number of minors working in the sex trade. These are mostly females who, due to one reason or the other, are separated from their families, abandoned and or are illiterates. In Ghana, 60 out of 160 sex workers were less than 16 years (IRIN, 2004). These girls work in areas such as poor suburban, bars, main roads, markets centers, hotels and cinema halls.

- **Child victims of war and conflicts**

Political instability, wars, and conflicts have severe repercussions for many countries and families. Unfortunately, the region is riddled with a lot of these unwanted events. Children, regrettably, are the victims. There are thousands of war orphans, child victims of sexual abuse, violence psychological trauma, and stigmatization in the region. Liberia and Sierra Leone are the most recent countries afflicted by wars. The children end up engaging all kinds of social vices.

2.5 History of Orphanage Centers

The first orphanage named “orphanotrophia” was established in the 1st century with the aim of providing an alternative support to vulnerable children and orphans. In the Jewish law, for instance, there is a provision of care for orphans and widows. The Athenian law also provided some support to all orphans especially those whose parents were killed in the military services until the age of eighteen. In the early days, orphan support was mainly done by Reverend Ministers, Bishops, and the monastery. Many countries practiced “burn-out” a situation where an orphan is given out when he or she is old enough, they were given as a gift to appreciate people. This was strategically done to provide an opportunity for them to have education and other needs. Currently, orphanage centers either private or public are funded, and the majority is run by faith-based organizations, nongovernmental organizations and community-based organizations and very few run by governments (Gwalema et al, 2009). In Ghana, the public

orphanages are basically run and funded by the government but the private homes are basically funded by donations from philanthropist and the proprietors of the Centre.

2.5.1 Child/orphan welfare in Ghana

According to Bicego et al., (2003) in Ghana an orphan is identified by two variables, namely; age and parental loss, under the Committee on the Rights of the Child (CRC), Ghana. Ghana's definition of a children is in line with most other countries as the Children's Act of 1998 (ACT 560) describes a child as an individual below the age of eighteen. A survey by the Ghana Demographic and Health Survey in 2003 showed that 16.3% of children under 15 years of age have at least one parent dead (excluding children with parental status missing), whilst, 6.6% of children under 15 years did not live with either parent and concurrently are included in the vulnerable category. Notwithstanding, Doku (2012) adds that the youthful nature of Ghana's population creates a major challenge as the demand for care outweighs the supply since there are more children than elders to adequately care for the children. Adding on to this, UNICEF (2010) reports that there are about 1.1 million orphans in Ghana and with the steady increase in the rates of HIV/AIDS in the country the number of orphans is likely to increase and so will the demand for care.

Studies conducted by Integrated Regional Information Networks (2008) and Bajaj (2008) showed that in the orphans were sustained by large matrilineal kinship and cared for by their external family relations in the past. Furthermore, Addison (2007) writes that this traditional communal living and the extended family support system reveals the local responses to the care and support for OVC. Takai and Gyimah (2007) indicate that the extended family system has an assured social support, benefits, care, property right, freedoms and an identity. Whereas, Voyk (2011) states that loyalty is deemed important throughout the extended family and many people's first obligation is to care for and ensure the wellbeing of their family. However, as a result of the informalities in the placement of children in such foster system makes it difficult for family members and social welfare workers to monitor and supervise the welfare of the children as seen in the Western world (Fiawoo, 1959). Unfortunately, the rising HIV/AIDS epidemic and weakened economies and social ties has reduced the capacity of the traditional communal living and extended family to fully care and support OVC (Doku, 2012).

However, Bajaj (2008) indicates that due to the increase in the incidence and prevalence rates of HIV/AIDS coupled with the crop up of (international) Non-Governmental Organisations (NGO) has led to the rise of institutionalized care. These NGOs have now taken up the role of caring and supporting OVC in the country. Akpalu (2007) opined that the challenges that lead to the weakening of family and traditional care and support system is a blessing in disguise as it has led to the intervention of institutionalization of children's home and orphanages. This, he further stipulate, has led to the corresponding increase in children's home and orphanages due to growing number of OVC.

On the other hand, there are some challenges that arises among the institutionalized children's home and orphanages. Colburn (2010) indicates that as at 2010, there were about 148 orphanages in Ghana of which only five had registered with the Department of Social Welfare. In addition to this, he stated that there were no set standards, requirements and training for staff members even in the licensed orphanages. Another challenge is revealed by Bajaj (2008) who found out most of these institutions rely solely on external agencies and donor funds. Therefore, most of the children's homes are not financially sustainable, hence, and cannot be properly maintained. Fonseca et al. (2008) suggest that supporting OVC in their homes and communities is more cost-effective than supporting OVC in orphanages. Interestingly, the Integrated Regional Information Networks (IRIN) reports that only about 30% of an orphanage's funds actually go to childcare in the country (IRIN, 2010). Findings by Bajaj (2008) supports that institutional care is often not the most cost-effective way of caring for OVC. The Department of Social Welfare (2008) also augments this by stating that the family is the best context for a child to successfully develop hence the need to push for an integration. In response to this, the government of Ghana made has put in place a number of interventions to protect the best interest of children in Ghana (Bajaj2008). He adds in view of that a National Policy Guidelines on Orphans and Other Children Made Vulnerable by HIV/AIDS was created by Ministry of Women and Children's Affairs(MOWAC) and Ministry of Manpower, Youth and Employment (MMYE) in partnership with Ghana AIDS Commission (GAC) to ensure the protection of the interest of the child. According to Voyke (2011) the Government also supported an NGO called Orphan Aid Africa in implementing the Orphan and Vulnerable Children Care Reform Initiative. Voyke states that through this initiative, a number of the orphanages in Ghana were identified as corrupt and attention was drawn to the problems of orphanage care. In addition, the initiative also encourages

the reintegration of institutionalized children back to their families by the end of 2011. However, the works of Voyk (2011) indicated that little attention was given to the social problems surrounding orphan care hence was not successful in achieving its overall goal.

2.5.2 Overview of the care reform in Ghana

Due to the renewed interest in protecting the rights of children in the past two decades, the Ministry of Women and Children's Affairs established in 2001 received the mandate to take the lead and coordinate gender and child receptive development issues through the formulation and implementation of child-friendly policies and increased child participation. It also aims to create awareness among both adults and children on the rights of children, which are provided for by the CRC and the national laws relating to children. The Department of Social Welfare (under the Ministry of Employment and Social Welfare) has the primary responsibility for implementing child welfare services (Apt and Akuffo-Amoabeng, 2007). Social workers deliver services in the districts in the country. However, due to the lack of manpower, some districts, especially those in the rural areas, have no social workers. NGOs play a major role in the provision of child welfare services.

They work to address child protection issues, and several NGOs have formed the Ghana Coalition on the Rights of the Child. An example of the child protection work being undertaken by NGOs are the child protection teams that are sponsored by UNICEF to monitor children's rights and promote positive child care practices especially in the rural area (Apusigah, 2007). Traditional leaders (Chiefs and Queen Mothers) play an important role in local governance, especially within the rural communities. In 2003 the Manya Krobo Queen Mothers Association in the Eastern region started an innovative foster care system that promoted community-based care for orphans and vulnerable children. Using the principles of the traditional welfare system (e.g., reciprocity and responsibility), the Queen Mothers identified and took in up to six dependent children and raised them as part of their own family. The Queen Mothers received some support from organizations such as the Ghana Aids Commission, District Assembly and the Ministry of Health. In 2012 there were 371 Queen Mothers caring for 1,035 children (Bortey-Doku & Aryeetey, 2012).

The advantage of this home care arrangement according to Lund and Agyei-Mensah (2008) is that it helped to remove the stigma of AIDS on the orphans within their communities and helped

in their integration into the communities. Orphans are supposed to be protected and be given the opportunity to be transformed. There are three ways that society can use to care for orphans. These methods can be enumerated as preventive, protective and transformational. The preventivemeasure involves the process of preventing the incidence of a child becoming an orphan. These are social intervention programs aimed at preventing families from disintegrating. That is, providing direct support to families to enable children to live with their own families (natural, traditional or legal) to be cared for. These include direct cash transfers, improvement in access to life necessities such as health care, education, shelter, and clothing. This intervention prevents families from abandoning their children. Providing these basic necessities of life is a possible way of caring for families to stay healthy and not to die early thereby leaving their children behind as orphans. This intervention reduces poverty among families and provides hope for them. Parents who are frustrated will not abandon their families becomes they have hope from the system.

Protection is the next class of intervention used to care for orphans. These are alternative family placement and care interventions for children who have already been separated from their parents such as orphans and abandoned kids. The kids are provided with an alternative right of living. In a regularised state, the child is taking to another target population; under this intervention are children who stand the risk of abuse and exploitation in their families (vulnerable children). Protective measures are thus safety net interventions which restore hope, life, and dignity to the helpless and hopeless kids. These kids are normally taken to established orphanage homes to be provided with the opportunity to have a life like their counterparts at home. They perceive that providing orphans with a foster home would protect them and shepherd them from other problems associated with living on the streets. The children are placed in foster homes to make them have a feel of quasi-family socialization and learn how to live with other people (Child, Youth, and Family, 2010).

The unfortunate reality is that no matter how effective the preventive measures are, there are some children whose continued stay with their parents put their lives at extreme risk; for instance, children of lunatics, pedophiles, alcoholics, etc. Transformation is the method used to help these children. These interventions enhance the capacity of the state and its agencies to be able to effectively promote the development of vulnerable children. The agencies responsible for

the orphans are given the required logistics to help develop and nurture the vulnerable children. This stage is about helping the orphan to also acquire all the necessary knowledge skill and abilities that would help them to face the world like non- orphaned children. The transformative care provides the children with an equal platform as the ones with parents. The western world has numerous examples of situations where children belong to the state, not the individual parents. Under these circumstances once a child is born he or she has given an equal opportunity with other children no matter the worth of the parents. At least the child may have the opportunity to access quality healthcare, quality care from parents or foster homes, quality education and etc. The government provides the children with the necessary support (Doku, 2012).

According to Frimpong-Manso (2014), the aim of the care reform in Ghana was geared towards a more reliable and sustainable approach to caring for vulnerable children in Ghana. This was so that all children, who do not have parental care, would be cared for and assured of a stable family-based care. The reform was grounded on four main components (Frimpong-Manso, 2014):

The first component's goal is to achieve two main aims, these are: to prevent and reduce the institutionalization of children by steadily supporting children and their caregivers. The support is in the form of cash grants, food packages, and scholarships. The second component was to reintegrate most of the children in Residential Care Facilities (RCFs) with small and extended family homes/members.

The third component was aimed at providing both temporary and permanent foster families for children who could not be integrated with their biological families but their adaptability was yet to be determined. Whilst the fourth and final part was to find parents who wanted to adopt (preferably a Ghanaian family) for the children if all other options were unsuccessful.

Frimpong-Manso (2014) reports that the reform was expected to close down 90% of the RCFs in the country and transform the remaining into institutions that met both national and international standards. The transformed institutions were to offer individualized care for children through a small ratio of caregiver to child. It also aimed at increasing the rate of placement in the foster care by 75% as well as the adoptions of children.

2.5.3 Challenges facing orphans in Ghana

a. *Child Abuse*

UNICEF is promoting reforms that would see the institutionalization of children as a last resort in order to reduce the possibility of child exploitation. The levels of child abuse have at times been severe. In 2006 the Domestic Violence Victims Support Unit of the Ghanaian Police Service reported 345 rape cases and 1427 reports of defilement of children. Upon investigating allegations of abuse at the Peace and Love Orphanage, authorities found that 27 of the 32 children living there were not orphans (UNICEF, 2012). A recent discovery titled ‘The devil and the orphanage’ on February 2nd, 2015 was reported by a journalist, Anas Aremeyaw who visited an orphanage home in Ghana and revealed several maltreatments of children in one of Ghana’s biggest private run orphanages. Following a citizen’s report from a former volunteer in the home, this reporter joined the home as a volunteer and for close to six months gathered evidence on issues such as lack of proper health care, gross physical abuse, poor feeding, sex, pregnancy, and abortion just to mention a few. A similar story was reported five years ago, which also exposed maltreatment of these children living in orphanages. Though his findings led to the setting up of an 11-member ministerial Committee of Inquiry to deliberate on how to curtail the horrid experiences of these children, it appears nothing much has improved.

b. *Venture for profit making*

The discovery is consistent with a study conducted by the Social Welfare Department of Ghana in January 2009, which revealed that 90 percent of the approximately 4,500 children in Ghanaian orphanages have one or both parents. This is because some African families, particularly those in deprived rural communities, are offered money for their children, and are promised that, the orphanage will cover the cost of their children’s education. “Orphanage staff exploits the poverty and ignorance of parents,” said Bright Appiah, director of Child Rights International, a Ghanaian NGO. Also, in an interview with IRIN, Appiah claimed that orphanage administrators take advantage of families seeking better education or work opportunities by encouraging them to leave their children in institutional care. Thus, orphanages are using the needy and their children in order to make a profit. Appiah believes that as little as 30 percent of the funding Ghanaian orphanages receive is actually spent on childcare (Aremeyaw, 2015).

“A majority of orphanages are seen as a source of livelihood rather than child care centers.” “Running an orphanage in Ghana has become a business enterprise, a highly lucrative and profitable venture,” UNICEF child specialist, Eric Okrah, said in an interview with the United Nation’s Integrated Regional Information Networks. “Children’s welfare at these orphanages has become secondary to the profit motive.” “Institutions for children are least appropriate for the development of the child,” said Joachim Theis, UNICEF’s West and Central Africa Regional Chief of Child Protection. Orphanage corruption has become a primary focus for some NGOs. “Material gain and personal gain override the best interest of the child,” said the Projects Director of Orphan Aid Africa, Richard Adabrah-Klu (UNICEF, 2012).

c. Poor Facilities and Substandard Treatment

The Ghanaian government’s 2008 report on “The Care Reform Initiative for Orphans and Vulnerable Children” states, “a good number of these homes and orphanages are poorly run and more often do not comply with either national or international standards and requirements.” The report also cites studies that show that “children raised in institutions often have psychological problems of insecurity and emotional instability due to the detachment from a consistent close caregiver.” The government of Ghana launched the Care Reform Initiative in 2006. Working with groups like Orphan Aid Africa, Child Rights International, and UNICEF, its purpose is to prevent children from entering orphanages, resettle the children currently in orphanages in family contexts, and support the Department of Social Welfare’s monitoring of children without suitable parental care. It is widely perceived that orphanages provide food and humanitarian services without considering the harm they do to children (Pyper, 2010).

Conditions under which some orphans are kept are very horrible. This has led to the closure of 83 orphanages in Ghana within five years. Apart from operating in poor facilities, there is also the issue of poor nutrition and health as well as a high number of children allotted per caregiver. Recent media reports about the ill-treatment some caregivers mete out to children living in these orphanages or children’s homes in the country have caused public uproar and displeasure. For instance, the regimented and ritual nature of life in orphanages, according to Social Welfare (2010), does not provide children with the varied experiences they need to become healthy, happy and fully functioning adults. The quality of caregiver-child interactions, they add, is minimal as they often tend to be limited to the routine chores of the day, which are often done

perfunctorily. “Caregivers, the experts say, tend not to respond to a crying child, or play with them. One-on-one interactions are rare and non-reciprocal” (The Ghanaian Times, June 9th, 2015).

2.6 SOS Children’s Villages

The first SOS Children’s Village was founded in Austria in 1949 (SIDA, 2007) and was aimed at helping children who had lost their homes, security, and families because of the Second World War (SIDA, 2007). Also, they also admitted children who had lost their parents or could not live with their parents and were in need of a new home. So the SOS Children’s Village reposed on themselves, the goal of taking care and nurturing orphans and abandoned children of all race, culture, and religion. The village gave the respect to the children by empowering them to live their own lives based on accepted values and integrating them back into society. Whilst building their capacity to be self-reliant in the future.

According to SOS (2010), SOS Children’s Village is “*a social development organization that enables children to have a loving home with parents or caregivers*”. It was founded by Hermann Gmeiner in 1949. The foundation has the vision of giving every child a family to belong and grow with love, respect, and security. They are focused on the care, health, education and the general development of each young person who is neglected or who are abused for the reason that their caregivers lack the capacity or commitment to do so.

As at 2007, SOS Children’s Village was active in 132 countries and had about 22, 000 employees. There were 444 existing SOS Children’s Villages furnished with schools, kindergartens, youth facilities, social centers, medical centers and emergency relief programmes. They had over 50, 000 children staying at the SOS Children’s Village across the globe (SIDA, 2007). In 2004, their gross income from the international network was about Euro 300 million. This was raised by the ten Promoting and Supporting associations (PSAs). However, the majority of the income came from private persons.

SOS Children’s Village works, in all the countries they are found, with the aim of building a strongly rooted national membership association with a democratically elected board. The elected board has its own legal entity and its statutes.

2.7 SOS Children's Villages in Ghana: Their activities and role

SOS Children's Village in Ghana came into existence when a Ghanaian social worker was stirred by the way traditional beliefs forced children to be cast away from their families (SOS, 2010). Therefore, having traveled to Norway in 1967, she found out about the work of SOS Children Villages and then contacted Hermann Gmeiner, who is the founder of the SOS Children's Village in Austria. The point of work for the Organisation started in Tema in 1974.

The work of the organization has been shaped by their findings in the country. The organization has acknowledged that the country is plagued with a lot of challenges that make young children very vulnerable. The country has a young population of approximately 40 percent of the country's population is below the ages of 14. In a current study, they realized that nearly 28 percent of Ghanaians are still living in poverty, HIV prevalence is still high in the country and as a result of financial constraints, stigmatization and discrimination, and most of the victims do not receive proper anti-retroviral therapy. A large number of kids are living with HIV and most of the children are orphans as a result of AIDS. Moreover, 1.1 million children have lost either a parent or both of them. Unfortunately for most of these children, they face life without the support of their biological parents. Some of these children spend their nights on the streets and bus stations. Some of the kids beg and others do miniature jobs or petty theft to survive. Whiles in the capital Accra there are high levels of violence, the rural areas of the country have high levels of poverty with a few people who have access to clean drinking water sources and decent sanitation facilities. A majority of the children do not attend school and has contributed to high illiteracy among street children.

Whiles others may be in this situation because of the death of their parents or being cast out by family members, others also run away from their families and communities to avoid domestic violence and abusive environments. The organization also has realized that without the family support, the children are likely to fall into the poverty circle. Even though Ghana has seen more economic growth than most other countries in the region, thousands of its youngest citizens have not been able to fully benefit from the progress their country has made. There are still some children who do not have access to and are deprived of basic level education. Some of the children are actively engaged in child labor activities daily.

The organization understands that quality education is a fundamental right of every child irrespective of his/her background, and this is accepted globally. Although the concept of quality education is broad, what is necessary is to ensure that some basic frameworks or facilities are put in place in order to facilitate teaching and learning. In view of some of the findings, have tailor made solutions to support the efforts of the government. SOS Children Village in Ghana supports children through the provision of day care, education, medical assistance and vocational training in four different locations. At the present-day, there are four SOS Children's Villages, two SOS Youth Facilities, four SOS Kindergartens, six SOS Hermann Gmeiner Schools, one SOS Vocational Training Centre, nine SOS Social Centres, and Four SOS Medical Centres in Ghana according to SOS Children's Village International (2018). The SOS Vocational Training Centre consists of nine classrooms for commercial training, office and IT skills, dressmaking and home economics. About 200 trainees have benefited from the courses offered in the SOS Training Centre.

SOS has paid particular attention to education because they identified that; there is inadequate funding of some basic education by government, inadequate monitoring, and supervision by school heads, poor management of available funds, dysfunctional school management committees, inadequate training of teachers, among others. Also, SOS Children's Villages Ghana is a social development organization with an explicit focus on child welfare and protection. The organization runs two programmes, namely the Family Based Care, for children who have lost parental care, and the Family Strengthening Programme (FSP), for children who stand the risk of losing parental care (Odamtten, 2016). As part of its commitment to complement government efforts towards the achievement of the SDGs and in line with its community intervention schemes under the FSP, the NGO has embarked on an educational project to promote quality education for less-privileged children in society. The organization run an educational project called Quality Education Now (QEN) and has successfully reached out to children and teachers in the basic schools. This project seeks to remedy the challenges that prevail at some public schools in local communities. According to the foundation, most of the source of funding for their projects in Ghana, are from the kind generosity of Canadians. The QEN project focuses on two main areas, namely; the policy makers or management level and the community level.

At the management level, SOS seeks to sensitize policy makers to intensify support for community-based schools by empowering existing structures through monitoring, training, management, and supervision. This is in order to ensure sustainable quality education delivery at school, community and district levels with the aim of increasing resources to the various schools in the communities.

At the community level, the QEN project is aimed at empowering community members to be actively engaged in the planning and functioning of the various schools within their communities, some of which include attending School Management Committee (SMC) meetings and PTA meetings.

They have Family-Strengthening Programme (FSP) which provides support for children and families in the country. Caregivers are given the capacity through several interventions to enable them sustainably care for their children (SOS, 2010). The organization does this with the belief that the family is the intricate unit of any society. They also partner with Community-Based Organisations (CBOs), Traditional Leaders and other stakeholders to provide vulnerable families with needed support in the form of economic empowerment and skills training.

In addition to education, they also run health programs in the country. One major health program run by the organization is the SOS Oral Health Programme. It was started in 2016 and had reached 46, 282 children across Ghana (SOS Children's Village International, 2018). The program focuses on sensitizing children about their oral health and promoting healthy practices among children. They also visit deprived communities to promote health education and provide free distribution of toiletries. In schools, teachers are encouraged to promote health and hygiene practices among children through the formation of clubs, health posters, and booklets.

The organization also run a program called SOS Save My Mother Program. It is a program aimed at providing cervical cancer screening and treatment services for women in Ghana. These are done through the various SOS medical facilities and health personnel across the country. The rural and deprived communities are not left out. They receive free screening services and sensitization programs for early detection and treatment of cervical cancer. Parents are also taken through parental and guidance counseling, skills or entrepreneurial training, financial

management for their businesses and other forms of direct support to facilitate the educational needs of vulnerable children.

The foundation also runs an “End Child Marriage Now” project. It is basically aimed at facilitating girl child education in a program in Chorkor and its surrounding areas in Accra. Through this practice, the organization seeks to ensure that the rights of children are respected and they are given equal opportunity to education regardless of their gender. The organization identified that most children below the age of 18, especially girls, are forced into early marriages. This, they identify, as a major challenge to schooling among the children. Therefore, the program seeks to build the capacities of families and local institutions to be able to withstand the challenges of early child marriages. They also seek to empower girls and women to be able to promote and advocate child right. This is done in conjunction with local authorities and CBOs.

The organization also recognizes the important role played by stakeholders hence, they have employed practical actions to curb various impediments that hamper vulnerable children from accessing quality education even at the public school level. They engage School Management Committees, Community Based Organisations, Parent Teacher Associations and District, Municipal and Metropolitan Education Office, District Education Oversight Committee and the Municipal Education Oversight Committee among other bodies to be able to achieve their targets. They undertake forms of school empowerment agendas which involve a series of the dynamic capacity building for relevant stakeholders to be involved in strict school management and monitoring. They also undertake the face-lift of school toilets and urinals, donation of dustbins and educational materials, renovation of school canteens, payment of school fees and Parent Teacher Association (PTA) levies for needy children and training for teachers and other stakeholders related to the education sector.

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2.7.1 SOS Villages in Ghana

There are four SOS Villages in Ghana. These are found in Asiakwa, Kumasi, Tamale, and Tema. The map below shows the location of the four SOS villages in Ghana.

Figure 2. 2 The location of the SOS Villages in Ghana



Source: SOS Children's Village International website (2018)

The SOS village in Asiakwa was established in 1993 in the Eastern Region of Ghana, commissioned by the then President of Ghana, His Excellency Jerry John Rawlings. The village is located on a hill and has 12 family houses. It has a Hermann Gmeirner School, a community hall, administrative block, sports facility, a medical center and a playground for all children. It also has a medical center which services the neighboring communities. The medical edifice has a consultation room and a department for infectious vulnerable families with social and material support.

The Tamale SOS Children's Village was established in 2010 in the Northern region of Ghana. It also has 12 family houses, a village Director's house, administration buildings, aunties' quarters, a medical center and an ultra-modern school. Although the SOS CV Tamale is situated in Tamale, in the Northern region, it serves children from the Upper West, Upper East, and Brong-Ahafo Regions as well. The SOS Hermann Gmeiner School in Tamale has ten classrooms, administrative offices, a workshop, a library, a canteen and a computer laboratory. It also has an SOS Social Centre and an SOS Medical Centre.

The Tema SOS Children's Village was established in 1971 and it was the first village to be established in Ghana by the SOS Children's Village international in Ghana. It has 15 family houses, a Village Director's house, and accommodation for SOS aunts. SOS aunts support the SOS mothers and also take care of the children when the SOS mothers are not available. It has a nurse and social worker's house, 3 guest houses, an administration block, a community hall, a sports field and a playground.

2.7.2 Kumasi SOS village

The SOS village in Kumasi was established in 2010. It is located in the Ashanti region of Ghana in a municipality called Asokore Mampong. The village consists of 12 family houses, the Village Director's house, a service and administration block. A house for the SOS mothers in training. They are called aunts and they support the SOS mothers. It also has a sports facility and a playground. There is an SOS Kindergarten and an SOS Hermann Gmeiner School.

The twelve SOS families offer homes for up to 120 children. In each family, the children live with other children and recognize each other as their brothers and sisters, under the care of the household head called the mother.

The children go to the SOS Kindergarten together with children from the local community. This is done to give the SOS Children an opportunity to integrate with the local community at a young age. After the kindergarten, the children then go on to complete their primary education at the SOS Hermann Gmeiner School.

The SOS Medical Centre here treats up to 12,000 members of the village and neighbourhood each year. It provides basic health services for all its patients. Attached to the medical center is an SOS Social Centre which is used for providing services such as the family strengthening programme.

As elaborated by the SOS Children's Village International (2018) in Kumasi, most of the children seen on the streets are girls from the rural parts of the northern regions in Ghana. They are from poor families and as a result, have little or no education. Only a handful has few skills. These girls as a result of early marriage and early motherhood are expected to be married off at early ages between 15 and 17. Traditionally, they are to bring their own household items to the marriage. When the girls are from poor families, they may not be able to afford these, so they migrate to the city to try and raise some money, which, in turn, exposes them to a great number of dangers. Others also run away to the cities to avoid their marriages. As explained by the Kumasi SOS village, the children make little money for themselves and at most times, resort to prostitution. These Children are vulnerable to HIV/AIDS as often they have little awareness of methods for preventing infection. They also have lower chances of breaking away from the poverty circle. Hence, most of the activities of the village are focused on programs that seek to remedy these challenges.

2.8 Theoretical framework

According to Yin, (2009) a theory provides a framework within which social phenomena can be understood and interpreted. Based on this, the current study will adopt the attachment theory of Bowlby and psychodynamic theory of Erikson.

2.8.1 Psychodynamic Theory

The psychodynamic theory was postulated by Erikson to describe the developmental stages of a human. According to Erikson individuals go through certain eight (8) stages of life. Erikson (1963) developed a theoretical framework that nexus the various stages of human development

and how an individual relates to society. The theory posits that each stage of an individual life i.e., the individual's age, the family, school, peer group and society have an effect on his/her expectations and behavior (Batra, 2013). According to Batra (2013) the failure of the individual to achieve the desired goal in a given stage of development would culminate to emotional discomfort which may lead to the inability to cope with the challenges of the current and later stages of development. Tchombe (2011:274) suggest that handling these challenges on time at each phase of development makes the child a better person. This study adopted the psychodynamic theory because of the situation of orphans in the care centers. As these orphans grow their needs and want may change and perhaps the institution would not be able to provide all the needs which would lead to emotional distress and challenges. Therefore, the psychodynamic model of Erikson is considered as an appropriate theory that can be adopted to support the study.

2.8.2 Attachment Theory

Attachment theory is a psychological model that discusses the dynamics of interpersonal relationships between parents and their offspring. Looking at the bases of attachment theory, it was only formulated based on certain specific part of the human relationship (Duschinsky, 2013).The theory focuses on how individuals respond within relationships when hurt, separated from loved ones, or perceiving a threat.

Attachment theory was propounded by John Bowlby in 1969. The attachment theory states that infants have a tendency of developing mutual and reciprocal relationships with constant and favorable caregivers. This means that an infant gets attached to the immediate caregiver which was named “mother love”. Bowlby (1969) argue that the separation of a child from the mother creates discomfort as the child loses that care. Bowlby (1969) believed that the tendency for primate infants to develop attachments to familiar caregivers was the result of evolutionary pressures since attachment behavior would facilitate the infant's survival in the face of dangers such as predation or exposure to the elements. Discussing the attachment theory, one of the most important aspects of the theory is that an infant would have an attachment with the caregiver. There is a need for the child to develop a relationship with at least one primary caregiver. According to Bowlby (1969) any caregiver is equally likely to become the principal attachment figure if they provide most of the child care and related social interaction (Holmes, 1993).

According to Bowlby (1969) the child feels threatened the moment he/she get detached from the mother. In spite of the comfort received from other people, he/she will feel threatened. For instance, a baby would continue to cry when the mother is not around. Not even the cuddle of the father can stop him/her from crying. This scenario denotes the strong attachment between a child and the mother. Juxtaposing this discussion with the present study, the attachment theory provides an inkling that, orphans may be faced with certain challenges as they stay in the foster homes. The theory provides the indication that a child doesn't feel good when he/she leaves the parents. Since the current study is aimed to investigate the challenges facing orphans in the orphanage home, the attachment theory seems suitable to be used as a theoretical framework to support the study.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

Chapter three focuses on the methodology used for carrying out this study. It covers the approaches and methods that were adopted to accomplish the objectives of this study. The chapter covers explains the study design, participants, sampling and data collection and data analysis. It also covers the trustworthiness of the study, analytical framework, and ethical considerations. The methods and approaches used are expounded below.

3.1 Research Design

The study was based on a qualitative research. Denzin and Lincoln (2006) defines a qualitative research as the “the *interpretive naturalistic approach to the world*”. They also describe a qualitative research as a situated activity by which the observer is placed in the world and the world is made known through a set of interpretations and material practice. Hence, qualitative research is the study of things in their natural settings where the investigator endeavors to interpret a phenomena based on the meaning ascribed by the people under investigation. The study made use of the qualitative research due to its ability to provide more in-depth knowledge and understanding of participant attitudes, thoughts, and actions.

Taking into consideration the main aim of the study, that is, *to investigate the challenges facing vulnerable children in the SOS Village in Kumasi and explore ways of mitigating these challenges to make their growth and development less stressful* - it was important that the study was able to capture all essential information in its natural setting without influencing/disturbing the order of events. Therefore, the qualitative research was the most appropriate approach to achieve the study objectives. As stated by Creswell (2012) it provides an in-depth understanding of research problem and the core phenomenon of the study.

Again, according to Creswell (2012) a key feature of a qualitative research is its exploratory nature, which Dudovskiy (2017) explains as a method that provides first hand insights into unchartered grounds. Little is known about the real challenges and problems that children in the Kumasi SOS Village face. They are, often than not, generalized to face same challenges as many other Ghanaian and African orphanages. In addition, there have not been any proper empirical

studies examining the state of orphan care in the Ashanti region of Ghana. First and foremost, it is important to gain an understanding of the challenges before providing solutions to alleviating the challenges they face. This made the exploratory research suitable for the study.

Additionally, the study used a case study approach. Shen *et al.*(2011) describes the case study approach as apposite for an exploratory phase of a study. This study made use of the case study due to the fact that an in-depth understanding of the contextual conditions was necessary and how they come together to create challenges for the children. Based on the objectives of the study, a single case study method was used, that is, *to investigate the challenges facing vulnerable children in the SOS Village in Kumasi and explore ways of mitigating these challenges to make their growth and development less stressful*. The study seeks to interpret the reality and it is situated in a hermeneutic research tradition.

Based on the recommendations of Yin (2006) for a qualitative study, attention was paid on ensuring that the four major problems of research design were curtailed. These problems as explained by Yin (2006) are: “what questions to study, what data are relevant, what data to collect and how to analyse the results”. In ensuring that the four major problems of research design were curtailed, the “Criteria for judging” by Yin (2006) was used. Curtailing the problems started from the onset of the research design. The measures taking focused on; a brief research proposal was outlined to understand the flow of the project. A literature review was conducted with a review of prior literatures from articles, books, Internet etc. This is done to retrieve other peoples’ work which is related to the topic and appropriate attribution was made to them. The related literatures help the researcher to get a detailed understanding and support for the study. It also formed the bases for the questions used in the study and the data to look for in order to achieve the objectives of the study. After the literature review, the data was collected using an interview guide. As fifteen (15) orphans were used as participants for the study, the data collected was analyzed by using content analysis with the help of NVivo software. Summary, conclusions and recommendations were made at the end of the project. The report was then finalized for submission. This is shown in the figure below. More details are provided in subsequent subtitles below.

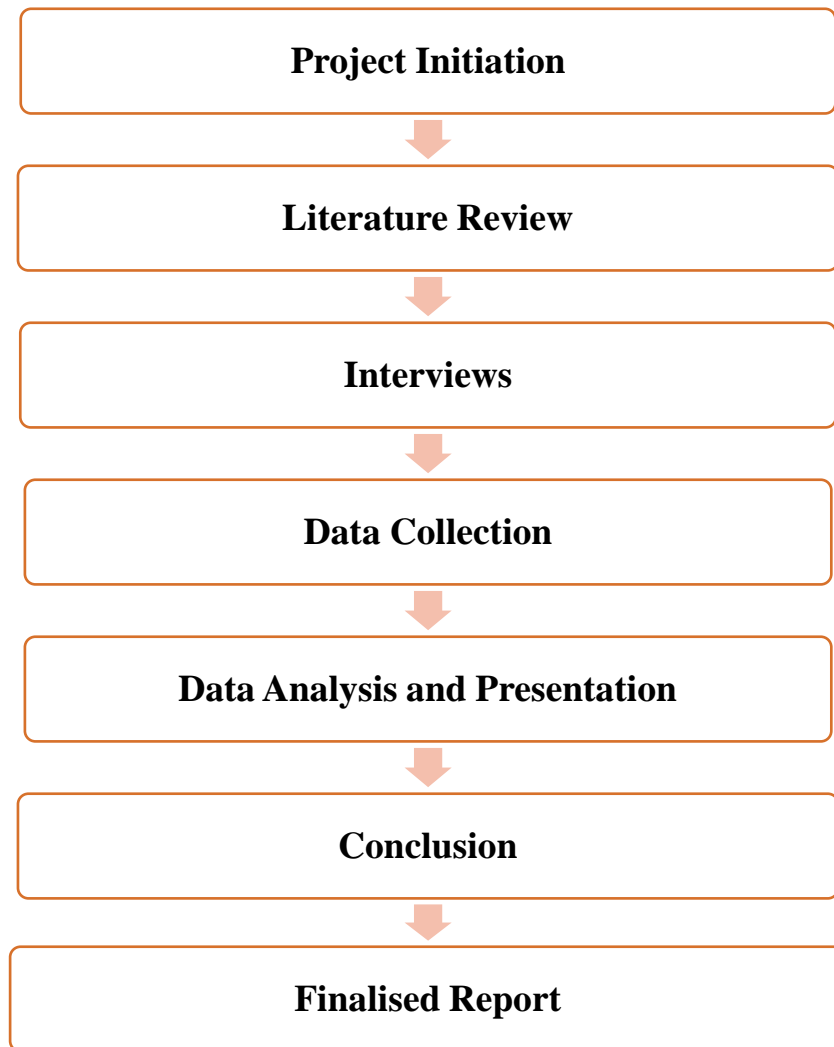


Figure 3. 1 Research Framework

Source: Author's Construct 2018.

3.2 Participants, Sampling and Data collection

The study population used for this research was the children living in Kumasi SOS Village as at the time the study was conducted. This is because the study seeks to identify the problems of the children and subsequently provide solutions to remedy them. Therefore, the children are the ones that can provide the study with the needed information. A purposive sampling technique was used to select the participants. Bernard (2006) defines a purposive sampling as a technique whereby the researcher relies on their own judgement to select members of the population to be part in the study under consideration. The main criterion for the selection of the participants was

their age. The second criterion was based on the fact that the children were residents of the SOS Children's Village in Kumasi. It must be noted that the target population was the entire population however due to the sensitive nature of this study and its effect on the participants as orphans, the study was restricted to participants who were within the ages of 16-17 years. The study assumed that children within this age range are able to communicate better and to express their opinions satisfactorily.

Interviews are used in almost all kinds of qualitative research (positivists, interpretive, or critical) and are the technique of choice in most qualitative research methods (Myers, 2009). Rubin and Rubin (2005) argued that interviews are like night goggles that allow us to see. Patton (2014) suggested that the purpose of an interview is to allow us to enter into the other person's perspectives. Thus, qualitative interviewing begins with the assumption that the perspective of others is meaningful, knowable, and able to be made explicit (Patton, 2014). Sekaran (2003) suggested that interviews are a basic source of obtaining qualitative data aimed at a purposeful discussion involving two or more participants. An interview can be defined as a method for collecting primary data in which a sample of interviewees are asked questions to find out what they think, do or feel (Collis and Hussey, 2009).

An in-depth interview guide was used as the main instrument for primary data collection. An in-depth interview is used to capture people's individual voices and stories. It also serve as an important method in sensitive issues that require confidentiality (Hennink et al., 2011). When used well, an in-depth interview also allows the respondents to elaborate themselves. This study took advantage of an in-depth interview to collect the opinions of the children on the problems that they face. The in-depth interview was used to strategically and effectively select the maximum number of participants to reduce duplication of data by carefully selecting participants. The in-depth interview was also used because; they have the ability to give an in-depth comprehension of the data under analysis or give basis for a numerical study through a scale or matrix (Wengraf, 2004; Patton, 2014); they are also perceived as a means of developing an accurate interpretation and understanding of a given situation (Wengraf, 2004); and In-depth interviews, according to Howell (2013) also provide data collection mechanisms that enable description, interrogation, evaluation and consideration of personal accounts or biographical and historical data; interview can be confrontational and allow an environment for storytelling.

Interviews, however, are not without weaknesses. Interview limitations include possibly distorted responses due to personal bias, anger, anxiety, politics, and simple lack of awareness since interview can be greatly affected by the emotional state of the interviewee at the time of the interview (Wengraf, 2004; Patton, 2014).

Hence, great care was taken to reduce the limitations. The interviews were conducted in the homes and comfort of children with the absence of their mothers. The interviews were conducted during the weekends when children were free of their responsibilities/duties. The interview guides were translated into Akan from English. Akan is the commonly most spoken local dialect in Kumasi and in Ghana. A professional teacher, who is an expert in Akan and English, was employed to do the translation. The interview guides were tested and scrutinized by two other people who were also proficient in both languages. Changes were made to accommodate for the differences in expression of some terms in both languages. All records of the interviews were translated, transcribed into English and was validated by the language expert before the analysis. Before the beginning of an interview, all participants were asked of the language they preferred. The preferred language was used. However, at certain times of the interview, the local language was used to engage and illicit more information from the participants.

The study made use of multiple sources of evidence to back and/or discard certain information that were gathered during the interviews. Further questions were asked to probe into matters that arose from the interviews. Other respondents were asked questions on certain topics that arose from previous interviews as a means of reviewing and validation of initial findings of the study. This was done to ensure the credibility of the data that were collected. It also helped to establish a chain of evidence to support the study and for the purpose of analysis. All interviews were conducted for not more than 40 minutes. This was carefully done to reduce stress on the children.

3.3 Data analysis

The data collected was synthesized, integrated and harmonized comprehensively to allow for a clear outline of analysis and for ease of understanding. NVivo software was used by the researcher for processing and analysing the responses from the interviews.

3.3.1 Overview of the Qualitative Content Analysis

Several objectives for analysing qualitative data have been identified: description of a phenomenon which could be subjective experiences of each case; comparison of several cases focusing on similarities and differences among the cases and identification of the conditions for the differences and possible explanations; and development of theory from the data (Flick, 2014). According to Flick (2014) analysis of social phenomenon in qualitative research could be approached from three perspectives focusing on: subjective experiences – the experiences of the individual or groups and how they describe their experiences of the phenomenon being studied, describing social making, and focusing on the implicit and unconscious aspect of social phenomenon.

According to Flick (2014) content analysis is defined as the classification and interpretation of linguistic material to make statement about implicit and explicit dimensions and structures of meaning marking in the material and what it represents. Content analysis is explained as a systematic approach to analyse any message in the form of communication such as text, visual, audio, video, and other forms of qualitative data (Elo and Kyngäs, 2008; Kondracki, *et al.*, 2002; Cole, 1988). Content analysis allows researchers to test theoretical concepts or to improve understanding of the data (Kohlbacher, 2006). Central to content analysis is that several words of the data are classified into small number of content categories or codes, whereby words or phrases and other units of the same categories are presumed to have the same meanings which could have subcategories (Graneheim and Lundman, 2004). These categories and their subcategories are referred to as coding scheme or coding frame (Schreier, 2014; Silver and Lewins, 2014).

There are two main types of content analysis: quantitative and qualitative content analysis. The two approaches share a lot of similarities. These similarities include using coding frame, developing code definitions, and dividing data into smaller segments; presentation of findings could include frequency count, whereas quality criteria in qualitative content analysis was derived from quantitative content analysis (Schreier, 2014). However, the key difference between the two types of content analysis lies in the focus of each technique. Whilst quantitative content analysis focuses on manifest meanings and aims at testing hypothesis (Kohlbacher, 2006). Qualitative content analysis goes beyond manifest into latent meaning and relies more on

context (Schreier, 2014). Past researchers describe qualitative content analysis in various forms such as qualitative media analysis (Altheide and Schneider, 2013), thematic coding (Boyatzis, 1998), and flexible (qualitative) content analysis (Hsieh and Shannon, 2005).

The most important aspect of content analysis is coding. Coding is the process of identifying patterns in the data and attempting to make meaning out of it (Joffe and Yardley, 2003). In addition, Silver and Lewins (2014) refer to coding as a procedure through which researchers organise their thoughts about the data in a conceptual manner. Coding entails identifying segments of data that relate to a general idea, instance, themes or category. There are various types of coding in qualitative data analysis. However, Silver and Lewins (2014) identify three main approaches to coding data: deductive, inductive, and abductive.

Inductive approach involves ‘immersing one’s self in the data to find dimensions or themes that seem meaningful to the authors of the data (Harding, 2013). Induction coding involves the subsumption, constant comparison and summarization which involve summary creation with summaries converted into codes or categories (Mayring, 2014; Harding, 2013). Deductive approach to coding depends on the development of codes, themes or categories. Silver and Lewins (2014) posits that, deductive approach may be adopted when the purpose of the analysis involves new data that is been used to develop theory or hypothesis. Figure 3.2 depicts the steps that would be used to analyse the data.

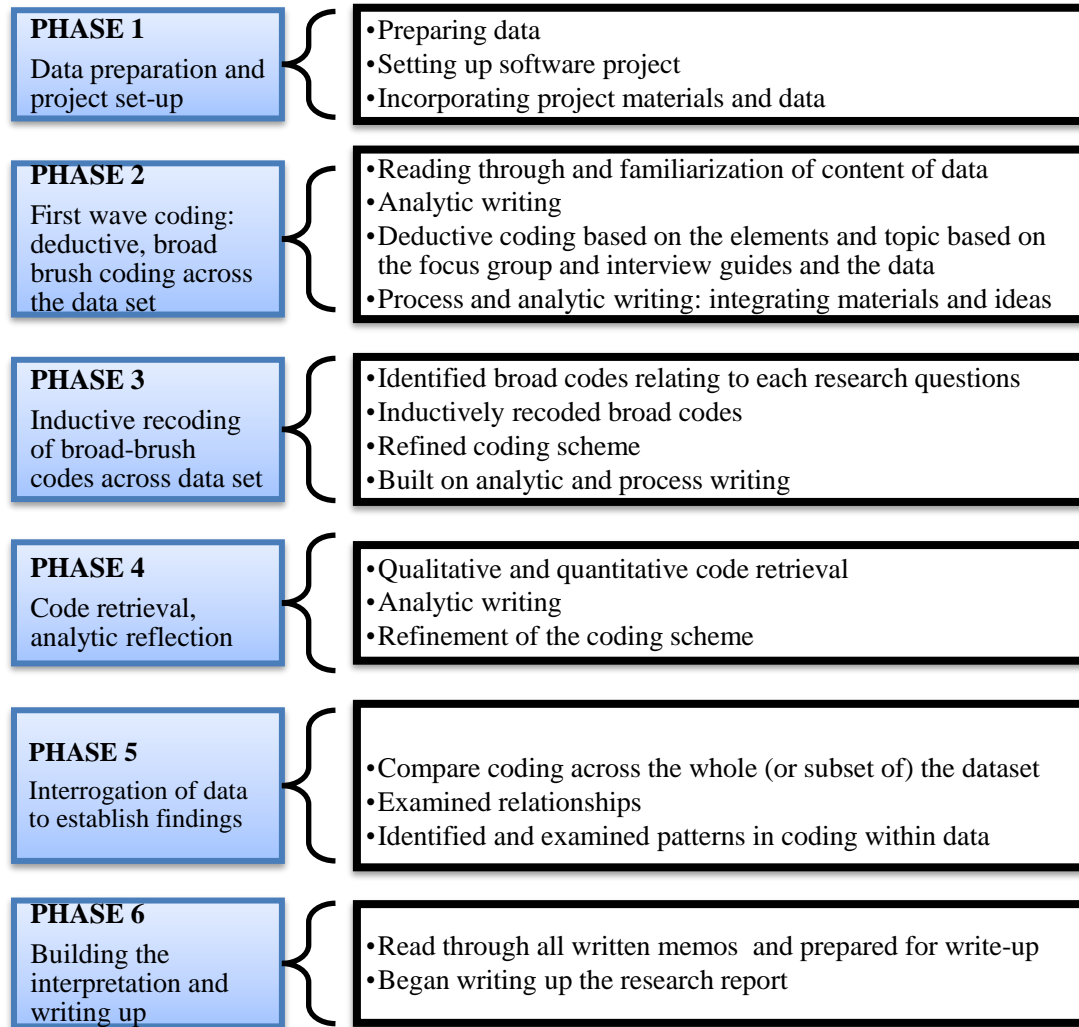


Figure 3. 2 Framework for qualitative data analysis

Source: Adjei-Twum, (2017:110).

3.4 Trustworthiness of the study

Yin (2006) states that for the simple reason that a research design has to follow logical statements of action, also means that the quality of the research design can be criticized when conferring to certain logical tests. The researcher therefore took steps to ensure that the study conformed to what Yin (2006) describes are the quality standards of an empirical social research. According to him, there are four tests, namely: Construct validity, Internal validity, External validity and Reliability. However, internal validity was not considered for this study, this is because; internal validity is best suited for explanatory and causal studies but not for descriptive

and exploratory studies (Yin, 2006). This study mainly is an exploratory study and internal validity is not an appropriate suit for testing the study. The other tests are elaborated on below.

3.4.1 Construct validity

According to Yin (2009), construct validity refers to the process of finding the appropriate operational measures for the concepts under study. To ensure construct validity, the research employed the use of multiple sources as proof to corroborate or disprove certain claims made by study participants during the interview sessions. Additionally, certain revelations from initial interviews were added to the interview questions and were asked to other participants to gain more information of the issues. Through this practice, a chain of evidence was identified. The interview guides were translated into Twi, the most common local language in Kumasi-Ghana. This was done by a language expert in English and Twi. A language expert, who, through discussions have gained an understanding of the research and its questions, translated the interview guides into Twi. The interview guides were pretested. Caution was also taken to ensure that during the interview, the conversations did not steer away from the topic under consideration. Additionally, to ensure that fatigue and stress did not set in during data collection; all interviews were made sure not to go beyond fifty minutes. The language expert also translated all conversations into English when all were done. This was done to ensure that all interviews translated, conveyed the right messages and discussions.

3.4.2 External validity

According to Yin (2009) external validity can be defined as the domain within which a study's findings can be generalized. To ensure external validity, the study was linked to theories such as Psychodynamic theory and attachment theory. In recognition of the fact that there are challenges associated with generalizing findings with few informants, secondary data were used as additional sources of information for the study. The study also used other research findings to validate and corroborate findings of this study.

3.4.3 Reliability

To ensure reliability, the study made use of peer consultation to improve the research. Four people were asked to read, and later on, a discussion was held with the four people. Their criticism of the research methods employed in this study were considered to be used in improving the methodology. Also, the study was criticized by the academic supervisor. The

supervisor's constructive criticism was done from the start of the thesis, through meetings and submission of chapters. Both peer review with colleagues and the supervisor helped to improve the research design.

3.5 Analytical framework

In preparing the research design, a theoretical framework was adopted based on the attachment theory of Bowlby and psychodynamic theory of Erikson. These theories formed part of the bases on which the research design was organized. They also influence the questions used in the interviews and give the research a sense of direction. These theories provide aid in interpreting the gathered information and answering of the research questions. To have a complete understanding of the problems that children go through in the SOS, the theories provided a perspective to this effect and support for the findings of the study.

3.6 Ethical consideration

Since the study of orphans is sensitive ethical clearance was sought from the Norwegian Social Science Data Services (NSD). In addition, permission was also sought from the ethics committee for the humanities, Oslo Metropolitan University. An Official letter of introduction was then obtained from the Department of Social Sciences of the Oslo Metropolitan University and after clearance was given, this letter together with the clearance letter was sent to the Department of Social Welfare at the Ministry of Children, Gender and Social Protection where list of all orphanages in Ghana were obtained. After receiving this list, Kumasi SOS Children's Village homes was selected from the list. The orphanage was chosen based on large numbers of children accommodated and proximity. Copies of the clearance letter with introductory letters from the Department of Social Science at Oslo Metropolitan University stating the purpose of the research was then sent to the appropriate authorities of the orphanage.

Permission to proceed with this study was first obtained from the authorities of the selected orphanage. The consent and interest of every participant was sought before the interview. Each child was interviewed separately to provide confidentiality. The children's names and other personal particulars will not be taken to prevent animosity and to protect them from double jeopardy. Children were identified by a code, to which only the researcher knew. The restrictions to confidentiality were clearly explained to participants in advance. Care has been taken to ensure that nothing written in this report can be traced back to any of the respondents.

CHAPTER FOUR

ANALYSIS AND DISCUSSION OF INTERVIEWS

4.0 Introduction

Chapter four presents the findings from all the interviews conducted. The results are presented under headings in accordance with the study objectives in order to facilitate easy understanding of the context in the Kumasi SOS Village. The major headings under the findings are: Children's experiences in the Kumasi SOS Village and The challenges of children in Kumasi SOS village. Under the main heading "Children's experiences in the Kumasi SOS Village", the following are sub headings are presented: Children's general impression of the village; Caring for children in the village; Socialization among children; Providing for the needs of the children in the village; and Children's suggestions for improving their conditions. Under the major heading "The challenges of children in Kumasi SOS village", the following are presented: Behavioral & Emotional challenges; and Physical challenges. Following from the findings, discussions are made based on the study objective and the theories used for this study.

4.1 Children's experiences in the Kumasi SOS Village

The lived experiences of the children were based on; their general impression of the village; the care they receive when they are lonely; the children's ability to make friends; the ability of the village to provide for the needs of the children; and lastly, children's grievances against the village. The findings from these experiences are presented below.

4.1.1 Children's daily life in the village

From the study findings, the children expressed that they were very happy in the Kumasi SOS Village. From further probing, it was identified that the source of happiness came from the access they had to certain rights and benefits they are enjoying currently. The children thought they could never have got such a chance at those benefits, given their circumstances before they came to the village. These rights and benefits that made the children happy came from their access to education, the food, having a mother and siblings from the village/having a family. Some were also happy because some philanthropists and other people came from outside to help them. Some went on to qualify these rights and benefits as good and better. Inferring from that, one could argue that, they appreciated more or had an improved service compared to what they enjoyed in their "previous lives". Below are some of the responses of the children:

Interviewee 3: *“the reason why it makes me happy to stay here is that. I have my mother close to me. I can’t go outside like how my friends outside are walking with boys. I have told is not good for now. And now, my mother can advice me, how to stay good at home.”*

Interviewee 4: *“ok, actually, I will say.. I am happy....yeah, because of the children and other people, outside, that come to visit and help.”*

On the other hand, there was an exception to the general consensus of the children. Some were satisfied with the care and support; however, they still felt that things could have been different with their biological parents. The statement below gives an indication of this finding.

Interviewee 6: *“uncle good but sometimes not always..yes certain things that....uncle I don’t know how to say it butI feel good but there are certain things that will happen that you like to be with your parents but you cannot.”*

As stated in the chapter two of this thesis, the generally accepted definition of an Orphan is a child who has lost both parents through death (Skinner et al. 2004). From the study findings - even though the interviews did not cover the where about of the biological parents of the children- it was obvious to notice some of the child either had the opportunity to live with their parents or had one the chance to live with their relatives before they left for the village. This finding support studies that revealed that in Ghana, orphans were supported by extended families (Bajaj 2008; Addison 2007; and La Ferrara, 2003). However, due to the rise of HIV/AIDS and weakened economy, extended families are unable to support orphans. This gives an indication as to why some of the children could differentiate or find similarities between the lived experiences in the SOS village and their relatives. Some of the kids stated missing their real parents whilst others could relate the conditions in the village as similar to the comfort of their 'previous' homes. Others expressed their dismay of the living conditions whereas many also felt that the village made them felt like they are home with their relatives. That opportunity of having lived with relatives, afford them the chance to assess between the two conditions/situations and infer which they had the best treatment/comfort. It must be stated that, it is also because of this fact that, to a large extent, the study was able to capture the lived experiences of the children in the village. It also supports findings from Schenk (2008) and many others, on the complexities in

defining who a vulnerable child was. Whiles some have had the chance to experience life with relatives, others, unfortunately, did not. They are now living together in the same village.

4.1.2 Caring for children in the village

A majority of the children stated that they were cared for and as such, were not affected so much by loneliness. Whiles some relied on their mother for consolation, others relied on their siblings and friends from school for support. These respondents below are some of the statements that supports this finding:

Interviewee 1: *“yes, my mother is always getting us what we need and she makes us happy”*

Interviewee 9: *“oh yeah, there are so many friendly people that are around, so when there is anything that I need or anybody that I have to talk to, there is always someone.”*

However, a few gave the notion that they were not cared for when they were lonely. Nonetheless, it was revealed that these children did not show or inform anyone when they felt lonely. Another stated that because they were deprived of certain privileges such as the use of phones, it made some of them lonely. Below are excerpts of such findings.

Interviewee 5: *“No, uncle I feel but I just sit somewhere and think of myself. I don’t tell anyone about it.”*

Interviewee 6: *“yeah, sometimes I am lonely when there are no gadgets like phones even if you have, you have to hide and use it”*

The study findings also give an indication of how the aims and roles of orphanage institutions shape their strategies to achieve the stated goals. In general, according to SOS (2010), SOS Children’s Village is “a social development organization that enables children to have a loving home with parents or caregivers”, through the Family Strengthening Programme (FSP). This is what Kumasi SOS village has been able to achieve. The children refer to their caregivers as their mothers. The village has been structured in such a way that the children must first go to their mothers for support of any kind and if they could not be satisfied, they move higher on the hierarchy. Caregivers are given the capacity through several interventions to enable them

sustainably care for their children (SOS, 2010). The respondents asserted that, they mostly share their emotional problems with mothers. Thus their mothers are mostly the people to listen to the emotional plight. They mostly share their fears and other issues with their mothers. Furthermore, the analysis of the results shows that, most of the orphans get their needs from their mothers. Thus, this epitomises the settings at homes where children need and wants are normally provided by their mother or both parents. This has helped the children to form bonds with their caregivers and actually have the feeling that, to a large extent, they are with their parents. The village has created an environment and home for the children to feel as if they were in their own homes. This made the children very content with conditions in the village.

4.1.3 Socialization among children

The majority of the children could make friends easily both in schools and at home. The study revealed that the ability of the child to make friends was influenced by a lot of factors. One of these factors were the advice given to the children by their mothers. Whereas others encouraged the children to make friends others cautioned against making a lot of friends. They were to be careful and picky with the people they became friends. One major factor is the innate character/temperament of the children themselves. Others preferred to be in their homes and perform their duties or learn whiles majority preferred to be with their friends and socialize. Having stated this, it must be mentioned that the children also were cautious and picky with whom they become friends with. They considered the character and behavior of others as a determining factor upon which they made friendships. Lastly but not the least, it was also revealed that the (last) experience of the children in friendships was also became a determining factor. As stated by one of the respondents, her best friend left for Senior High School and as a result, have not been able to make friends again.

Interviewee 1: *“I make friends but not always...Because my mom always tells me to be careful with friends”*

Interviewee 2: *“easily?? nooo. Me, I study your behavior, how you talk to people and I will decide if I can make friends with you... me I have a friend, now she is not here. So I can remember what she did to me, like when I was in school, everyday she tells me to learn. We come closer to learn, make fun but since she left, I don't have friend again.”*

4.1.4 Providing for the needs of the children in the village.

On the whole, all the children interviewed indicated that all their needs were provided by the village. All the basic necessities were readily available upon request. Due to the village's priority for education, all materials needed for schooling were made sure to be available for the children especially books. Nonetheless, other needs that fell outside the basic requirement either took a bit of time to be provided or could not be provided. Below are selections of some of the statements that reflect the study findings.

Interviewee 9: *“oh no, actually a few, urrrm, may be if I should say days or weeks ago, I needed some text books and it was quite delaying but I hadn't known that, they had already bought it for someone to bring them to me. So as I called and then a few minutes, it was brought to me. So there not a single day that I request for something and it is not given provided I really need it desperately and they will definitely bring it.”*

Interviewee 10: *“yes, me I don't usually ask for things...like they always give it to me so I don't have to ask”*

The Mothers of the houses within which the children live are their first point of contact for children. They rely on their mothers for emotional support, assistants with their studies and for solving all their problems. The role played by the mother is valuable to the children. Only a few of the kids rely on their friends or hardly go the heads of the village for support. The only time most of the kids go to the heads of the school is when they make a report against their mothers. The mothers give children audience and attempt to solve all their problems. The extract below summarises this finding.

Interviewee 15: *“the mother. Of course she is the only person in the house. And at times too if we think maybe is the mothers, then we go and tell the director”*

The mothers assist younger children with their homework whilst older siblings help those in the higher classes with their assignments. Some of the children also rely on the cohorts for assistance with their studies. They serve as the motivators for the children. The heads of the village and school as well as the teachers were identified to be source of motivation for the children. Also,

older siblings of the children in the village also motivate their younger siblings on what to do and not to do.

The children play and interact with themselves especially through playing a sport. Some of these include playing volley ball and football. A few do not have the chance to play and interact simply because of their preparations for their Junior High School final exams. The rest of the children in the lower classes have ample time to play and interact with each other. They also get the chance to play and interact with themselves as well as other children from outside the village in their schools. They use breaks during school hours as opportunity to socialize through talking and play different games.

The children also play different roles in the house as their chores. Some of their activities are run on reshuffling. One is assigned to cleaning today and may have a different role tomorrow. Their chores are mainly centered on cooking, sweeping and cleaning, washing of clothes and scrapping. The older siblings take up roles such as playing the mother or father role in the absence of their mothers.

The village has created an environment and home for the children to feel as if they were in their own homes. This made the children very content with conditions in the village. The village had education as one of their priorities and as such ensured that all the children attend school. The organization understands that quality education is a fundamental right of every child irrespective of his/her background, and this is accepted globally (SOS, 2010). Hence, the SOS village through the programme Quality Education Now, has made great strides in educating the children. Surprisingly, all interviews were conducted in English with a few of the questions requiring a change in tongue to facilitate easy understanding. This goes to show the performance in the educational sector by the village. They have provided a medical centre right in the village. Food and clothing are all basic needs and they village ensures that these children will have all they need. All these have contributed significantly to the level of satisfaction that the children enjoy.

4.1.5 Conditions in the village

Given the general agreement by the children interviewed the village is doing well in catering and providing for their needs, they also provided ideas as to how their emotional conditions could be improved. The recommendations were in two fold- one that targeted the behavior of their mothers and the other that focused on entertainment and more rights. One of these

recommendations is that the village should give each child access to (personal) gadgets like TVs, phones and laptops so that they could entertain their selves when lonely. Others also suggested social nights and entertainment on weekends as a way of improving their moods. Others recommended that their mothers should be more patient with them; they should encourage them more often; and also give them more time and pay attention to them. One of the children made a recommendation that they, the kids, should open up more to one another- that way they can all be happy. These are summarized by the statements of some of the children below.

Interviewee 5: *“uncle you see, here we are like restricted to going to some places. Like if there is a program and it is not in the school, sometimes you are not allowed to go. So if they can allow us to go. It will be nice.”*

Interviewee 9: *“oh ok, I think that children first of all, have the ability to be like open up to people. Because with that I believe that every individual will be able to move on or associate themselves with everybody around. And if there is anything bothering you, be it emotionally or anything, you can just be able to open up and then they will able to give you the direction.”*

Majority of the children felt that the village has done enough for them and they are happy as stated by one of the interviewees. Even though the village has done a lot to make the children feel at home, some children were of the opinion that more could be done. Some emphasized on the need for the heads of the village to take all the children on education trips rather than restricting them to a few classes. The ones that are normally allowed on trips are the students in their final years and if there is enough room, those in the lower classes, who demonstrate good behavior, are allowed to join. As at when the interviews were conducted, some also expressed the need for entertainment in their daily lives. Their daily schedule follows a routine of; going to school, coming home to perform house chores; studying; and if there is enough time then watching television. They therefore had little time to enjoy some sort of entertainment especially during the weekdays. The following are some of what the children had to say.

Interviewee 1: *“like when there is an educational trip, they should let us go.”*

Interviewee 4: *“like introduce some sort of entertainment so that it will make us more happy”*

In terms of facilities, the village has done their best to provide the children with a lot of them. Majority of these facilities are for sports. The children recounted having a volley ball court, basketball court, a football pitch and a playground. They were satisfied with the facilities they have- as stated by a respondent.

Interviewee 1: *“I don’t think they should add something. We have enough of the sport centres. We have a volley ball court, basketball court and a playground. So I don’t think we need any new facility.”*

There were a few the children made mention of, that would be necessary to make their stay and studies more comfortable. As already stated earlier, most of the efforts of the village have been focused on the provision of sporting facilities. This means that some other facilities might have been forgone, if they are not in the village’s plan in the future. The children deem these other facilities as being equally important for their stay. Some of the facilities that the children mentioned as needed are; a computer laboratory with internet; a library and a study room; as well as a recreational centre with access to modern and indoor games.

Interviewee 9: *“uncle. Like when we get more access like internet access we can learn further.”*

Interviewee 10: *“oh ok, I guess if they provide this home with any recreational center like trying to create a lets more urrm, facilities. For instance, let’s say, something that will help the children. You see there are so many children around, so anything that will make them happy. Right now we have some things on the playground, which helps the children one way or the other. But I believe if modern ones are brought it in, it will help them. Again, a place where internet access will be much, yes, I believe it will really help.”*

Interviewee 13: *“in the village, we need a computer lab so that all the students can go there and research there”*

Also, even though the mothers have helped a lot with the children, there were some concerns that were identified. Some of the children lamented about how their mothers treated them, especially when they, the children, erred. The made the children feel sad and caused them to worry a lot. These are related to how they are punished and at times, mothers not having enough time for

them or paying particular attention to them, the kids. These are seen in the statements of some of the children.

Interviewee 4: “urrrm, actually yes, our mother likes to shout. I hate shouting, if you should shout at me, I will become sad.”

Interviewee 8: “they should handle me as their son.... maybe they should handle me like how they will do their children. They should do the same to me”

In terms of the provision of facilities, the village has provided most of the facilities-especially sporting facilities, however, important facilities such as a computer laboratory and a library/study room is not in existence. Even though the study found that they orphans are provided with shelter to laid their head thus, they are quite crowded in the room. The study found that there are about average of 6 children in a room. This number is on the higher and could trigger the widespread of certain communicable disease.

Unexpectedly, the study found that, most of the orphans see no partiality among them in the orphan homes. They both i.e., male and female claim they are treated special and there is no discrimination because of their gender. They claim that, food, clothing and other needs of them are met equally and thus they are not treated differently because of their gender. This is not the conventional finding, from literature, on gender related studies. This goes a long way to prove the effort of the village to ensure that the children are well cared for and well behaved.

4.2 Behavioral, Emotional and physical conditions in the village

These are discussed as the challenges that children go through. The challenges that the children in Kumasi SOS village face are grouped into two- namely: the Behavioral & Emotional challenges; and the Physical challenges. The findings from the study are presented below.

4.2.1 Behavioral & Emotional challenges

There were a number of issues that were identified for making children sad in the village. One of these factors is deprived of an opportunity/ need. The study found out that due to inadequate funding, some of the children are often excluded from educational trips or distribution of certain things and/or the use of facilities. Due to lack or inadequate funding, the village often relies on selection of children to partake in exercises. Most of the children expressed their displeasure at this and it was identified as one of the reasons the children became sad. They miss out on an

opportunity which they know might not come their way again. Additionally, it was also identified that some of the children were denied as a way of punishment to the kids who, one way or the other, committed an error or an offence. They are denied certain things and as ascertained from the children, was also a cause for sadness. Others were simply denied the use of certain facilities. The study could not establish the reason for this denial but it was identified as a cause of unhappiness among the children. Below are some of the statements that concur to this fact.

Interviewee 8: *“urrrm, when there is a program and you are not able to go. They can’t take all of us because we are many, to a certain program. So, weight it, and then you become sad if you are not able to. Like if you are not part of them.”*

Interviewee 13: *“for instance our TV is not working since vacation, that’s one thing if we don’t get TV to watch, we get bored and have to sleep by force.”*

One of the sources of sadness among the children relates to Physical and Verbal abuse- leading to insecurity. There were two main sources to this cause-the mothers, and siblings & school mates- were identified as the culprit. It was identified by the study that the mothers resort to beating and insults as a means of punishing the children for an offence they might have committed. This made the kids sad and caused them a lot of emotional stress. The siblings & school mates of the children also caused themselves to be sad when they tease one another. The study was able to establish that siblings were often use verbal assaults whilst in school, mates teased one another. Also, the lack of tolerance in schools was identified as a major source of sadness among children in the village. Presented below are some of the statements in support of this finding.

Interviewee 3: *“sometimes how my younger brothers speak to me make me sad. Like when my mother is not there. When she comes back, I tell her what has happened”*

Interviewee 9: *“hmm, at home actually, nothing makes me sad. But socializing urrm especially at school. You see secondary school life is something else on its own and sometimes getting people to believe you or to come to terms with what you say is very difficult. So trying to make people understand why I do what I do,*

or like to accept my opinion on certain issues is quite difficult. And sometimes, that is what makes me sad. And they don't appreciate my emotions."

In another revelation, it was established that the teachers in the school, to a large extent, discriminated against the children in the village as against their mates who come from outside to school in the village. This is one of the things the children stated as a source of sadness-backed by the statement below.

Interviewee 5: *"it happens in the school. Let's say you are an outsider and you may be if you insult me and I report to a teacher, the teacher will not do anything to the outsider. But if a village child does something they will get angry."*

From the respondents, the children do not face any challenges based on their gender. The only form of discrimination arose when the village had to select a few of the children for an activity. That is basically due to the lack/inadequate funding to involve every child. The village, therefore, uses a systematic approach where students in the final year of the Junior High education, get to enjoy these trips. Subsequently, when the younger children also get to their final year, they get the same treatment. Also, the mothers use social forms of rewarding and punishing children- so the children are not discriminated against based on their gender but based on their behavior. There was only one incident where a female reported that her mates, both male and female, tease her based on her looks. The correspondents below are some of what the children had to say.

Interviewee 2: *"No, like, if there are any trips, they consider the seniors but no preferences because one is a male or female"*

Interviewee 3: *"our class boys they like that. Like if our class teacher tells us that we going to do a dictation or do maths test to see who will pass. They will say boys first or girls first"*

They study found that, generally, most of the orphans do not see anything wrong with the physical environment of the orphanage homes. Arguably, one could even say the treatment received by the kids might even affect their judgment in identifying what their challenges were. They have been given an opportunity- a second chance- so they feel that in itself is enough. Hence, they could be asking, rhetorically, what more could we ask for?

Unexpectedly, the study found that, most of the orphans see no partiality among them in the orphan homes. They both i.e., male and female claim they are treated special and there is no discrimination because of their gender. They claim that, food, clothing and other needs of them are met equally and thus they are not treated differently because of their gender. This is not the conventional finding, from literature, on gender related studies. This goes a long way to prove the effort of the village to ensure that the children are well cared for and well behaved.

4.2.2 Physical challenges

The children have access to TV, sound system and a laptop. Each of the homes of the children has one of the above mentioned. The children share the use of these gadgets among themselves especially the laptops. One is allowed to use the laptop when there is an assignment that requires the use of the laptop. One must do all is required within a given time period in order to allow others access to the laptop. The use of TV and sound system are mostly during the weekends and in the evenings of the weekdays, when children are done with their studies and chores. Their use is restricted within these given conditions- when children have adhered to all requirements in relation to studies and performance of their duties. These are some of the statements of some of the children.

Interviewee 1: *“actually, it is a laptop and it is not for only me, it belongs to everybody in this house.”*

Interviewee 8: *“we have TV and computer. There is one computer..there is one laptop for each house. So one computer and a table....yes please and when needed as in, weekdays, we only...because we have to learn. We are heading towards exams on this month, so we only get to watch tv on weekends. And when you are done with your chores, you learn small. And then when it is time..when they tell do so.”*

Interviewee 9: *“yes, we have tv, radio sets, laptop.... because I am in jhs 3 and I am going to write BECE so I don't need them but I use the laptop to do my assignment”*

All the children interviewed gave the response that they were satisfied and they had access to food and clothing. They are given food thrice everyday-breakfast, lunch and supper. In some

houses, the children are allowed to decide the menu they prefer. This is often led by the eldest in of the siblings. Hence, the children get to eat what they like. They were therefore satisfied with the food that they were given. Clothes are given as at when one needs them. Children are given money at specified periods to acquire clothes. At times, they are given some of the clothes by their family heads. Care is taken to ensure that the children get all they need. Below are statements in support of this fact.

Interviewee 9: *“urrmm, actually, sometimes we have a menu chart and then that one will be eaten by the whole family. So if urrm, lets say for instance, the menu chart is made by the eldest, so we all sit at the dining table to discuss, so if there is any food that one person doesn’t like, there is no way we will write it on the chart. So it is what we have all agreed to eat together with mum then we write it down. So at any point in time, we always have food available.”*

Interviewee 8: *“I have plenty of clothes so I am satisfied”*

On the average, there are 4 four persons occupying a room in a house. Boys have their own rooms and girls have their own rooms. The average number as stated earlier is four. The highest number that was identified by the study was 6. This was a number was given as the number of boys in a room. On a whole, majority of the children said they were satisfied with their number per room and they have enough space to themselves and keep their stuffs. Below are some of the statements they made.

Interviewee 2: *“we are 4 but one has gone to school (SHS)”*

Interviewer 3: *“we are 4 girls in the room...we are 10 in the house... 4 girls and 6 boys”*

There is a medical centre on the vicinity of the village with trained medical staff that handles all health related issues. However, when the condition of the illness is severe they are transferred to the nearest hospital for medical support. This is what some of the children had to say about the medical centre.

Interviewee 14: *“yes, as you can see we have a big clinic over there so if I am sick I will go and take my card then send it to the nurse for her to check on me”*

Interviewee 15: *“we go to the clinic, that’s where we take our medicines. At times if they don’t have the medicine they send us to TECH”*

In general, the children are not allowed to go out. The only time they are can go out is when they have been sent on an errand or there is a program organized by the village or another association for the children. They are also allowed to go out on Sundays when they go to church. Other than that, they are not allowed to go out. The oldest among them, upon consultation with their mothers and when granted permission can go out. However, there is a curfew within which the person should return. They must have completed all their house chores and studies before their request could be considered. Going out and not returning before 6 in the evening could attract punishment or one could lose the rights for going out altogether. Below are some of what the children had to say.

Interviewee 1: *“anytime that I am done with my house work, I can decide to go outside unless it is 6 o clock”*

Interviewee 9: *“no, yes but not much. There are so many children around in this place and the older ones are quite a few, so if the older ones should be going out all the time, it will be quite, urrm, bad for the younger ones. They may not be that safe or something because anything can happen in the house. And if the young ones are also to go out, who knows, maybe something bad might happen to them. So our going out is quite restricted.”*

Likewise, as the aims and priorities of the village shape what they do for the children, it is inevitable that certain aspects that might not be obvious at first sight might be overlooked. As identified from the study findings, the children elaborated a lot of challenges and recommendations as to what the village could do to improve their conditions. Dealing with Orphans is considered to be very delicate and important especially when it comes to the emotions and certain challenges that they faced. WHO and the Social Welfare department of Ghana moved swiftly to close down orphanages that do not handle orphans according to standards. The study has been able to establish that orphans are children who have lost either one or both of their parents thus need to be treated well especially in relation to their emotions, psychological and emotional wellbeing. The research findings have shown how their friends,

mothers and schoolmates and even their teachers fail to relate and support the emotions and psychological needs.

4.2.1 Study findings and the Psychodynamic theory

As the Psychodynamic theory stipulates, an individual's age, family, school, peer group and society have an influence on their expectations and behavior. As can be inferred from the study findings, the mother, siblings, schoolmates and teachers all have an effect on the behavior and emotions of the children in the village. These influences and effects come from those the children come in contact with, and can have a lasting effect on the development on the children as stated by Batra (2013).

Also, as stated by Erikson (1963), individuals go through 8 stages of life/development. At every stage, the needs and how the individual relates to society is different. Similarly, from the study, there were signs of differences in appreciating situations based on the age of the children. The eldest showed and related differently from the young ones. As an example, while those in their final years considered or needed things that could aid their studies, the younger ones were much more interested in attending educational trips and were looking for more play time. Another is the instance where the oldest felt their mothers were right to punish them but only think they should minimize or reduce the intensity of allowing them use devices such TV, computers and so on- the younger ones were more sad and wished that their mothers would not punish them at all. It is therefore important that the village recognizes these different needs of the children, educate their staff on how to identify these differences among the children and know how to adequately provide for each of their needs. The inability of the village to provide all their needs have to a large extent caused these children emotional distress and challenges.

4.2.2 Study findings and Attachment theory

The attachment theory also states that individuals respond within relationships when hurt, separated from loved ones or perceiving a threat. From the study, it was identified that the children have developed a long and deep attachment to their mothers in the villages. The mothers were all they know was ready and available to help them. Also, majority got hurt, especially when their mothers insulted or punished them. They have grown attached to their mothers and consider them all they have. The caregivers have become the principal attachment figures in the lives of the children. This was made possible because they provide for most of the children's

care and social needs. When their mothers insult or punish them rightly or wrongly, the children felt hurt and wished they mothers could or would not do that to them. They therefore felt detached from the mothers when insulted. Through this theory, the study has been able to understand and appreciate some of the challenges that the children face.

CHAPTER FIVE

CONCLUSION

5.0 Introduction

This chapter is the final part of the study report. It presents the summary of all the relevant findings that the study sorts to achieve. The chapter also discusses contributions and limitations of the study as well as some suggestions regarding future research. Accordingly, the chapter is broken down into sections converting: Summary of findings; Implications for the village; Recommendations; Limitations of the study; Future studies; and Conclusion. These are presented below.

5.1 Summary of findings

The aim of the study was to investigate the challenges facing vulnerable children in the SOS Villages and explore ways of mitigating these challenges to make their growth and development less stressful. This main objective was further broken down into four (4) specific questions- as outlined below:

- e. What are the immediate social and psychological needs of the children in the orphanage homes?
- f. What are the environmental problems facing children in orphanage homes?
- g. Does gender moderate the behavioural and emotional difficulties of children in orphanage homes?
- h. What are the available interventions that can be used to support orphans to realise their personal dreams?

To answer these questions, four objectives were set. Below are the research findings to the research questions and objectives;

5.1.1 To explore the experiences of children living in orphanages in Ghana.

The first objective of the study was to understand the psychological changes facing the orphans at the care home. The participants discussed four psychological challenges facing them in the orphanages: how they generally feel, caring during their lonely moments, things that make them sad at the orphanage homes.

The children expressed that they were very happy in the Kumasi SOS Village. The source of happiness and satisfaction came from their access to education, the food, having a mother and siblings from the village/having a family. Some were also happy because some philanthropists and other people came from outside to help them. Some went on to qualify these rights and benefits as good and better. Inferring from that, one could argue that, they appreciated more or had an improved service compared to what they enjoyed in their “previous lives”. However, not everyone shared this opinion- some were not happy with the way they were treated.

A majority of the children stated that they were cared for- their mothers were the primary person who took care and provided their needs. The effort of their mothers was supported by their siblings in the home and mates from the school. A few gave the notion that they were not cared for when they were lonely. Nonetheless, it was revealed that these children did not show or inform anyone when they felt lonely. Some also asserted that the lack of access to certain entertainment and gadgets was also their source of loneliness.

The majority of the children could make friends easily both in schools and at home. The study revealed that the ability of the child to make friends was influenced by a lot of factors. One of these factors was the advice given to the children by their mothers- that encouraged friendship but care was to be taken in selecting people to be friends with. One major factor is the innate character/temperament of the children themselves. Lastly but not the least, it was also revealed that the (last) experience of the children in friendships was also became a determining factor.

On the whole, all the children interviewed indicated that all their needs were provided by the village. All the basic necessities were readily available upon request. Due to the village’s priority for education, all materials needed for schooling were made sure to be available for the children especially books.

On the other hand, the children also stated some of the things that disturb them at the orphanage home. The main problems were based on how they were treated by their mothers, by way of punish and insults; having more time for them and demonstrating the act of patience. Others also hinted the lack of access to gadgets and lack of outings and entertainment as their main issues in the village.

5.1.2 To study the behavioural & emotional and physical challenges among children living in orphanages in Ghana.

This objective was to examine the behavioral and emotional challenges facing the orphans in the orphanage homes. There were a number of issues that were identified for making children sad in the village.

- One of these factors is deprived of an opportunity/ need. The study found out that due to inadequate funding, some of the children are often excluded from educational trips or distribution of certain things and/or the use of facilities. Due to lack or inadequate funding, the village often rely on selection of children to partake in exercises.
- One of the sources of sadness among the children relates to Physical and Verbal abuse-leading to insecurity. There were two main sources to this cause-the mothers, and siblings & school mates. It was identified by the study that the mothers resort to beating and insults as a means of punishing the children for an offence they may or may not have committed. The inability of their mothers to accept what the children tell them as the truth makes them sad. This made the kids sad and caused them a lot of emotional stress. The siblings & school mates of the children also caused themselves to be sad when they tease one another. The study was able to establish that siblings were often use verbal assaults whilst in school, mates teased one another.
- In another revelation, it was established that the teachers in the school, to a large extent, discriminated against the children in the village as against their mates who come from outside to school in the village. This is one of the things the children stated as a source of sadness.
- On the other hand, even though the study found that the orphans are provided with shelter to lay their head thus, they are quite crowded in the room. The study found that there are about average of 6 children in a room. This number is on the higher and could trigger the widespread of certain communicable disease.
- Restrictions in the use of entertainment gadgets. The use of TV and sound system are mostly during the weekends and in the evenings of the weekdays, when children are done with their studies and chores. Their use is restricted within these given conditions- when children have adhered to all requirements in relation to studies and performance of their duties.

- Closely related to the above, is the high ration of people to the use and access to a laptop. Each house had a laptop and each house on the average has an occupancy rate of about 10. All these children shared one laptop. This therefore not adequate and sufficient to enable each child enjoy access to such gadgets. Also, particular attention should be paid to providing more entertainment access to the children as they recommended would be helpful for their stay.
- In general, the children are not allowed to go out. The only time they are can go out is when they have been sent on an errand or there is a program organized by the village or another association for the children. They are also allowed to go out on Sundays when they go to church. Other than that, they are not allowed to go out.

5.1.3 To study the role of gender in the behavioural and emotional difficulties faced by children living in orphanages in Ghana.

In respect to this objective, the study found that, most of the orphans see no partiality among them in the orphan homes. They both, that is, male and female claim they are treated special and there is no discrimination because of their gender. They claim that, food, clothing and other needs of them are met equally and thus they are not treated differently because of their gender. The only form of discrimination arose when the village had to select a few of the children for an activity. That is basically due to the lack/inadequate funding to involve every child. The village, therefore, uses a systematic approach were students in the final year of the Junior High education, get to enjoy these trips. Also, the mothers use social forms of rewarding and punishing children- so the children are not discriminated against based on their gender but based on their behavior.

5.1.4 To explore available strategies to mitigate challenges faced by vulnerable children in the orphanages

Based on the findings of the study, this objective will be answered by making recommendations to the village for consideration in mitigating challenges faced by the children on the Kumasi SOS village.

- The first recommendation to the village is that they should accept that these are challenges that can be easily overlooked but are important issues that affect the wellbeing of vulnerable children. By accepting, the village could contribute meaningfully, through the introduction of policies that consider the above mentioned challenges.
- It is recommended to the village that they should consider educating the mothers, orphans, teachers and school mates on how to conduct themselves and anger management (especially for the mothers). Specifically, the above mention groups could be trained in anger management with focus on how to lessen heightened arousal levels during challenging parenting situations. This has beneficial in improving abusive coping skills, and reduce the probability of uncontrolled emotional reactions. The training can focus on helping them identify when they are angry before their emotions get out of control; teaching them how to come up with thoughts that may help them stay calm. The use of education and social groups for the mothers can help them learn from each other. This can also be done for the teachers and all other staff members
- Closely linked to the above is that mothers also engage in verbal abusive behaviours because they are unaware of effective parenting techniques as well as the effects of their actions on the children. Hence education in awareness can go a long way to help the challenges. Educating the mothers about such useful skills such as: active listening; effective communications; nonviolent means of discipline; setting meaningful rewards and observation of children reactions- can go a long way in providing solutions to behavioural and emotional challenges.
- Also, the orphans who show signs of difficulties in their relationships with peers and mothers as a result of their abuse can undergo social skills training that teach them how to have positive interactions with other children and come up with solutions to complications as well as ways of handling negative social circumstances.

- Another useful intervention with children who have poor peer relationship skills will be to pair the children with other youngsters. This is to engage them in positive play activities together with the expectation that the less socially-adept children will begin to behave in a more appropriate ways toward their peers. Their mothers, teachers and other staff of the village can be trained to its effect.
- The study recommends to the village to consider increasing their housing facilities to reduce the number of children in a given room. It was identified from the study that there were as many as 6 boys in a room in one house. There are a lot of effect on their privacy and health. Increasing the number of housing units could help alleviate this challenge. Also, the village can consider reshuffling the children to other houses that have less pressure on their facilities as a way of reducing pressures in other housing units
- It also recommended that the village should consider increasing children's access to the use of gadgets in the weekdays as well as the weekends. It is further recommended that steps are taken to increase the number of gadgets and allow them access to such provisions like phones, electronic games and laptops. The study found out that this will go a long way to aid their stay in the village.
- The village has done well with the provision of physical structures, especially sporting facilities. It is recommended that the village should consider providing a computer laboratory and a library for the children. This will go a long way to help them in their studies.

5.2 Implications for the village

The village has made great improvement in caring and nurturing orphans in the village. This effort is worth emulating by other orphanage institutions. The majority of the effort of the village has been shaped by their policies, aims and objectives. Arguably, they have made strides in achieving their policies and goals. However, in their bid to achieve their goals, certain equally important aspects have been overlooked-as this study has proven. Even though the children were highly satisfied with the work of the village, they still had concerns with the way they were handled. These children have different needs because of the age differences and to a large extent their gender. These pertinent differences need to be recognized and appreciated. Making the

children happy implies that the village should also review their goals and approaches to accommodate the identified challenges. Only, then can the children can be truly satisfied.

5.3 Limitations of the study

As it is common to every research, this study also has a number of limitations, some of which are outlined below:

The study concentrates on orphans of one orphanage home and the children in it for the interview. The study used the context of the Kumasi SOS village, it is important to recognize that other SOS village context may vary. As a result, there are limitations in applying the findings and recommendations to other villages and other orphanages. Additionally, the study focused on identifying the challenges in the eyes of the children within that village. The findings of this study cannot be extrapolated to other children in other villages

In addition, interviewing the orphans was very difficult. As some of them were feeling hesitant and afraid to talk. It was clear that some of them were not good to provide adequate information on the problems that they are facing. Furthermore, getting them for the interview was very difficult as they are always in the classroom and have to do other things at home too. Sometimes the interview has to be conducted in the evening.

The study findings provided an overview of the challenges that children face in the Kumasi SOS village. Even though the findings cannot be generalized to other children in other villages, it provides in detail the lives, experiences and challenges that they go through every now and then.

5.4 Future studies

The study recommends the following as areas that could be considered for future studies of women empowerment:

- The study recommends, that the staff in the children's lives also be studied to get a broad overview and perspective on the lived experiences and the challenges the children face in the village. This will aid in demystifying and providing insights into providing solutions to the challenges of the children and perhaps in the region, Ghana and the continent at large.
- The study also recommends that, the scope could be extended to the whole part of the SOS villages in the country to investigate the challenges facing vulnerable children in the

SOS Villages and explore ways of mitigating these challenges to make their growth and development less stressful. This could reveal more about the complex nature of the lived experiences and the challenges the children face in the village.

- A future study can also be focused on children in the Kumasi SOS village. The study could focus on gaining a deeper understanding of how children in other orphanage institutions to reveal their lived experiences and the challenges and how they can be improved to bring out the best for orphans.

5.5 Conclusion

The study was aimed to examine the challenges facing orphans in the orphanage homes. They study used interview to achieve this objective. In general, the study found that the orphanage home does their best to provide the basic humans such as clothing, food, shelter and medical care to the orphans. In addition, the study that the orphans are not discriminated according to their gender. Thus, there is no discrimination or partiality in treating the orphans at the care homes. Furthermore, the study found that, most of the needs of the orphans are met by their mothers. The mother has the responsibility to take care of the emotional problems especially when they are lonely they rely on their mothers.

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APPENDIX 1- INTERVIEW GUIDE

INTERVIEW GUIDE
Student: Benjamin K.O.M. Fordjour Supervisors: Prof. Miaa Bask
Topic: ASSESSING THE CHALLENGES FACING ORPHANS AND VULNERABLE CHILDREN IN CARE HOMES
Background Questions <ol style="list-style-type: none">What are your personal aspirations for the future?What is your hobby?What food do you like best?What are some of the interesting places that you would like to visit in Ghana?Why do you would like to visit these places?
Part I: Psychological problems facing orphans in the Children's Village <ol style="list-style-type: none">How do you feel in this orphan home?Do you get cared for when you are lonely?Do you make friends easily at school?Do you receive all your needs as you request from the care givers?What are some of the things that you think can be implemented to support the children's emotional life in the Children's Village?
Part II
<i>Behavioural and emotional challenges</i> <ol style="list-style-type: none">What are some of the things that make you sad at the Children's Village?When you have a personal problem who do you inform?Do caregivers give you audience and attempt to solve your problem?Do you get access to play and interact with other colleagues?Are you taught how to do house chores?Does anyone encourage or motivate you about the future?

- g. Who helps you with your school assignments?

Physical challenges

If you think about the entire orphan homes on residence?

- a. What are some of problems in your dormitories?
- b. Do you have access to any entertainment gadgets like TV, sound system, computers or videogames at the Children's Village?
- c. Do you have access to clothing and food as at when you need?
- d. Do you enjoy meals given to you at the Children's Village?
- e. How many are you in the room?
- f. Is there any medical care when you are sick?
- g. Are your rooms spacious for you and your roommates?
- h. Are you allowed to go outside the Children's Village home?

PART III

Gender influence on emotional and behavioural problems

As a male or female:

- a. Do you face any challenges because you are a male or female in the Children's Village?
- b. Does the Children's Village give you some preferences because you are a male or female?
- c. Does anyone care to help you when you have a problem?
- d. What are some of the things that affect you as a girl or boy in the Children's Village home?

PART IV

Strategies to solve the challenges facing orphans

- a. What do you think is the most important thing that needs to be changed in the Children's Village home?
- b. What facilities do you think may be needed to improve the children's social life?

c. How do you want the caregivers to handle you at the Children's Village?

APPENDIX 2- INFORMATION LETTER

Request for participation in research project

Assessing the Challenges Facing Orphans and Vulnerable Children in SOS Children's Village

Background and Purpose

I am Benjamin Otieku Fordjour, a master's student from Oslo and Akershus University College of Applied Science, a University College based in Norway. I am conducting a research on "the challenges facing orphans in care homes". This study is a master's thesis that seeks to examine the challenges and problems facing orphans and vulnerable children in orphanage homes in Ghana. As such I would like to interview you in order to get your views on the problems that you facing in this Children's Village. During our conversation (interview), I will ask you some questions about your psychological, emotional, physical well-being and other possible challenges that you are facing as a resident in this care home.

What does participation in the project imply?

Taking part in this study is strictly voluntary and declining participation and withdrawing at any time does not carry with it any form of penalty or loss of benefit. Please note however, that if you choose to withdraw from the study some of the information that may have been obtained from you without identifiers (name, etc.), before you chose to withdraw, may have been modified or used in analysis reports and publications. I do promise to make good faith effort to comply with your wishes as much as practicable. With your permission, the interview will be tape recorded to facilitate collection of information, and later transcribed for analysis. Please note that the recordings will be stored in a secure place. All recordings will be destroyed upon transcription.

What will happen to the information about you?

All personal data will be treated confidentially. All information collected in this study will be given code numbers. Data collected cannot be linked to you in anyway. No name or identifier

will be used in any publication or reports from this study. The project is scheduled to be completed in June 2018. Your name in the final work would be kept anonymous.

Voluntary participation

It is voluntary to participate in the project, and you can at any time choose to withdraw your consent without stating any reason. If you would like to participate or if you have any questions concerning the project, please contact Benjamin Otioku Fordjour on phone number 004799305521 or by email at bemarex@yahoo.com. You can also contact my supervisor Prof. Miia Bask on phone number 004798186537 or by email miia.bask@nova.hioa.no. The study has been notified to the Data Protection Office for Research, NSD - Norwegian Centre for Research Data.

Consent for participation in the study

I have received information about the project and am willing to participate

(Signed by participant, date)

APPENDIX 3- ETHICAL CLEARANCE FORM



Miaa Bask
Pilestredet 35
0130 OSLO

Vårdato:08.12.2017

Vår ref: 57063 / 3/EPA

Deresdato:

Deresref:

Tilråkning fra NSD Personvernombudet for forskning § 7-27

Personvernombudet for forskning viser til meldeskjema mottatt 10.11.2017 for prosjektet:

57063	<i>Challenges facing orphans and vulnerable children in orphanage homes. A study of SOS Children's village Kumasi-Ghana</i>
Behandlingsansvarlig	<i>HøgskoleniOsloogAkershus,vedinstitusjonensøversteleder</i>
Dagligansvarlig	<i>MiaaBask</i>
Student	<i>Benjamin Otieku Kofi MinkaFordjour</i>

Vurdering

Ettergjennomgangavopplysningeneimeldeskjemaetogøvrigdokumentasjonfinnerviatprosjektet
ter
unntattkonsesjonspliktogatpersonopplysningenesomblirsamletinnidetteprosjekteterregulert
av§ 7-
27ipersonopplysningsforskriften.Pådennestesidenervårvurderingavprosjektoppleggetslikde
ter meldttiloss.Dukannågåigangmedåbehandlepersonopplysninger.

Vilkår for vår anbefaling

Vår anbefaling forutsetter at du gjennomfører prosjektet i tråd med:

- opplysningene gitt i meldeskjemaet og øvrigdokumentasjon
- vår prosjektvurdering, se side 2
- eventuell korrespondanse med oss

Meld fra hvis du gjør vesentlige endringer i prosjektet

Dersom prosjektet endrer seg, kan det være nødvendig å sende inn endringsmelding. På våre nettsider finner du svar på hvilke [endringer](#) du må melde, samt endringsskjema.

Opplysninger om prosjektet blir lagt ut på våre nettsider og i Meldingsarkivet

Viharlagt ut opplysninger om prosjektet på nettsidene våre. Alle våre institusjoner har også tilgang til egne prosjekter [i Meldingsarkivet](#).

Vitarkontakt om status for behandling av personopplysning ved prosjektslutt

Ved prosjektslutt 31.08.2018 vil vi ta kontakt for å avklare status for behandlingen av personopplysninger.

Se våre nettsider eller ta kontakt dersom du har spørsmål. Vi ønsker lykke til med prosjektet!

Vennlig hilsen

Katrine Utaaker Segadal

Eva J. B. Payne

Kontaktperson: Eva J. B. Payne tlf: 55582797 / eva.payne@nsd.n

o Vedlegg: Prosjektvurdering

Kopi: Benjamin Otieku Kofi Minka Fordjour, bemarex@yahoo.com



Prosjektvurdering - Kommentar

Prosjektnr: 57063

OBJECTIVE

The project objective is to investigate the challenges facing orphans and vulnerable children in the SOS Village and explore ways of mitigating these challenges to make their growth and development less stressful.

INFORMATION AND CONSENT

The sample (orphans and abandoned children 16-17 years) will receive written and oral information about the project, and give their consent to participate. Informed consent will also be sought from the Village Director (who has overall responsibility for these children) and Village mothers who have responsibility for the day to day care and welfare of the children.

The information letter is well formulated, but we ask that the sentence 'Data collected cannot be linked to you in any way' is removed, as it is indicated in the notification form that informants may be indirectly identifiable in the data material.

VULNERABLE GROUPS

Orphans and abandoned youths (16-17 years) can be seen as a vulnerable group. We remind you that when youths, especially vulnerable youths, participate in research it must be voluntary and they must be made aware that they can withdraw from the study at any time without repercussion, even though a responsible adult has consented to their participation. They must also be given information about the project using vocabulary that will be easy for them to understand.

We draw your attention to the fact that there is a heightened responsibility to consider the well-being of vulnerable individuals that take part in research, and extra care must be taken in order to limit any detrimental effects on these individuals. We also remind you that researchers have a duty of confidentiality and that collected data must be treated as

confidential. Please see email correspondence sent 07.12.2017 for more in- depth information.

SENSITIVE DATA

There will be registered sensitive information relating to health (psychological, emotional and physical well- being).

INTERVIEW GUIDE

We ask that you remove the question 'Do your mates (...) molest you at the Children's Village'. Please see email correspondence sent 07.12.2017 for further explanation.

DATA SECURITY

The Data Protection Official presupposes that the researcher follows internal routines of Høgskolen i Oslo og Akershus regarding data security. If personal data is to be stored on a private computer /, the information should be adequately encrypted.

END OF PROJECT AND ANONYMISATION

Estimated end date of the project is 31.08.2018. According to the notification form all collected data will be made anonymous by this date.

Making the data anonymous entails processing it in such a way that no individuals can be recognised. This is done by:

- deleting all direct personal data (such as names/lists of reference numbers)
- deleting/rewriting indirectly identifiable data (i.e. an identifying combination of background variables, such as residence/work place, age and gender)
- deleting digital audio files